



**The Meeting Transcript of
The Los Angeles County
Board of Supervisors**

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1 **[REPORT OF ACTION TAKEN IN CLOSED SESSION**
2 **ON JANUARY 11, 2005, BEGINS ON PAGE 228.]**

3
4
5
6 **SUP. MOLINA, CHAIR:** GOOD MORNING. WE'RE GOING TO BEGIN THIS
7 MORNING'S MEETING WITH AN INVOCATION THAT IS GOING TO BE LED
8 TODAY BY THE THE VERY REVEREND FATHER NICOLAS CEKO, SAINT
9 STEVEN'S SERBIAN ORTHODOX CATHEDRAL IN ALHAMBRA. OUR PLEDGE OF
10 ALLIANCE WILL BE LED BY ARMANDO MARTINEZ, A MEMBER OF THE
11 COLOR GUARD GLENN WOOD POST NUMBER 7138, VETERANS OF FOREIGN
12 WARS OF THE UNITED STATES. WOULD YOU ALL PLEASE STAND.
13 REVEREND?

14
15 **THE VERY REVEREND FATHER NICOLAS CEKO:** LET US PRAY. ALMIGHTY
16 GOD, OUR HELP AND REFUGE, SOURCE OF ALL WISDOM AND PILLAR OF
17 STRENGTH, REMEMBER NOT OUR TRANSGRESSIONS BUT LET YOUR
18 COMPASSION QUICKLY GO BEFORE US. WE ASK YOU AGAIN TO REMEMBER
19 THOSE IN ASIA WHO ARE VICTIMS OF SUCH ENORMOUS TRAGEDY.
20 REMEMBER AS WELL OUR LAND AND ITS PEOPLE. REMEMBER THIS COUNTY
21 AND OUR NEIGHBORING COUNTIES, ESPECIALLY THOSE WHO HAVE BEEN
22 VICTIMIZED BY WEATHER-RELATED TRAGEDIES. GRANT CONTINUED
23 STRENGTH AND ASSISTANCE TO THE RESCUE CREWS AND ALL WHO
24 ATTENTIVELY CARE FOR OUR LIVES. AND, AS YOU ARE COMPASSIONATE
25 AND RICH IN MERCY, FORBID THE DOWNPOUR OF DESTRUCTIVE RAIN BUT



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1 GIVE US, RATHER, TEMPERATE, PROSPEROUS AND FRUITFUL SEASONS.
2 LOOK DONE UPON THE HUMBLE PRAYERS OF US, YOUR UNWORTHY
3 SERVANTS. GRANT THAT WE MAY MEET ALL THAT THIS DAY BRINGS TO
4 US WITH SPIRITUAL TRANQUILITY. SENDS YOUR GRACE AND HEAVENLY
5 BLESSING UPON THE HONORABLE BOARD OF SUPERVISORS, THEIR STAFF
6 AND THE DISTRICTS THEY REPRESENT. GRANT THEM HEALTH OF SOUL
7 AND BODY, CONCORDE AND STRENGTH, TO ACCOMPLISH THEIR TASK
8 FAITHFULLY AND DILIGENTLY THAT IT MAY ALWAYS PROVE HELPFUL TO
9 THE CITIES-- CITIZENS OF LOS ANGELES COUNTY AND OTHERS. GRANT
10 THEM PEACEFUL TIME SO THAT WE, IN THEIR TRANQUILITY, MAY LEAD
11 A CALM AND PEACEFUL LIFE IN GODLINESS AND SANCTITY. DIRECT
12 THEIR COUNCIL SO THAT ADMINISTERING IN PEACE, GENTLENESS AND
13 GODLINESS THE POWER WHICH YOU HAVE GIVEN THEM THEY MAY OBTAIN
14 YOUR FAVOR THIS DAY AND EVERY DAY. AMEN.

15

16 **ARMANDO MARTINEZ:** PLACE YOUR RIGHT HAND OVER YOUR HEART AND
17 JOIN ME IN THE PLEDGE OF ALLEGIANCE. [PLEDGE OF ALLEGIANCE]

18

19 **SUP. MOLINA, CHAIR:** MR. ANTONOVICH?

20

21 **SUP. ANTONOVICH:** MADAM CHAIRMAN, FATHER NICOLAS HAS BEEN THE
22 DEAN OF SAINT STEVEN'S SERBIAN ORTHODOX CHURCH IN ALHAMBRA FOR
23 THE PAST 11 YEARS. HE ALSO SERVES ON THE ADMINISTRATIVE BOARD
24 FOR THE WESTERN AMERICAN DIOCESE AND AS THE DIRECTOR OF THE
25 NATIONAL CHURCH MINISTRIES FOR THE SERBIAN ORTHODOX CHURCH IN



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1 NORTH AMERICA. HE RECEIVED HIS BACHELOR OF ARTS DEGREE FROM
2 IONA COLLEGE IN NEW YORK IN 1982 AND HIS MASTER'S OF DIVINITY
3 DEGREE FROM SAINT VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY IN
4 NEW YORK IN 1985. HE RECEIVED HIS-- ORDAINED TO THE HOLY
5 PRIESTHOOD ON JULY 23RD OF 1986. HE'S MARRIED AND HE HAS TWO
6 CHILDREN AND IS A RESIDENT OF ALHAMBRA. SO, FATHER, THANK YOU
7 FOR COMING DOWN. WE APPRECIATE YOUR SPIRITUAL GUIDANCE THIS
8 MORNING.

9

10 **THE VERY REVEREND FATHER NICOLAS CEKO:** THANK YOU. [APPLAUSE]

11

12 **SUP. MOLINA, CHAIR:** SUPERVISOR KNABE?

13

14 **SUP. KNABE:** MADAM CHAIR, THANK YOU. MEMBERS OF THE BOARD,
15 LADIES AND GENTLEMEN, IT'S MY PLEASURE TO PRESENT THIS
16 CERTIFICATE OF APPRECIATION TO MR. ARMANDO MARTINEZ, WHO IS A
17 MEMBER OF THE COLOR GUARD, GLENN WOOD POST NUMBER 7138,
18 VETERANS OF FOREIGN WARS, OUT OF NORWALK. MR. MARTINEZ, ON
19 BEHALF OF MYSELF AND MY COLLEAGUES, WE'D LIKE TO PRESENT YOU
20 WITH A CERTIFICATE OF APPRECIATION AND THANK YOU FOR LEADING
21 US IN THE PLEDGE THIS MORNING. ARMANDO SERVED IN THE ARMED
22 FORCES FROM 1943 THROUGH 1945 WITH THE UNITED STATES ARMY'S
23 91ST DIVISION. HE WAS DEPLOYED TO THE EUROPEAN THEATRE WHERE
24 HE FOUGHT BRAVELY THROUGH ITALY, EARNING VARIOUS MEDALS OF
25 HONORS, INCLUDING THE BRONZE STAR, THE VALOROUS UNIT COMBAT



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1 AWARD ACTION RIBBON, THE COMBAT INFANTRY BADGE, THE EUROPEAN
2 CAMPAIGN MEDAL WITH TWO STARS AND THE WORLD WAR II VICTORY
3 MEDAL. SO HE HAS BEEN A 50-YEAR RESIDENT OF THE FOURTH
4 DISTRICT THERE IN THE GREAT CITY OF NORWALK. HE IS THE FATHER
5 OF SIX CHILDREN, AND WE'D LIKE TO SAY THANK YOU AND WISH HIM
6 THE VERY, VERY BEST AND A HAPPY NEW YEAR. [APPLAUSE]

7

8 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH, SIR. NEXT, I'M GOING TO
9 ASK OUR EXECUTIVE OFFICER TO PLEASE CALL THE AGENDA.

10

11 **CLERK VARONA-LUKENS:** THANK YOU, MADAM CHAIR, MEMBERS OF THE
12 BOARD. WE'LL BEGIN ON PAGE 6. AGENDA FOR THE MEETING OF THE
13 COMMUNITY DEVELOPMENT COMMISSION, ITEM 1-D.

14

15 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
16 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

17

18 **CLERK VARONA-LUKENS:** AGENDA FOR THE MEETING OF THE PUBLIC
19 WORKS FINANCING AUTHORITY TO ADOPT RESOLUTION AUTHORIZING THE
20 ISSUANCE AND REFUNDING REVENUE BOND SERIES 2005-A IN AN AMOUNT
21 NOT TO EXCEED \$205 MILLION.

22

23 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
24 BY SUPERVISOR YAROSLAVSKY. IF THERE'S NO OBJECTION, SO
25 ORDERED.



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1

2 **CLERK VARONA-LUKENS:** AGENDA FOR THE MEETING OF THE HOUSING
3 AUTHORITY. ON ITEM 1-H, THE EXECUTIVE DIRECTOR REQUESTS A TWO-
4 WEEK CONTINUANCE.

5

6 **SUP. MOLINA, CHAIR:** AND THE REMAINDER IS BEFORE US?

7

8 **CLERK VARONA-LUKENS:** 1-H.

9

10 **SUP. MOLINA, CHAIR:** THAT'S CONTINUED. 2-H AND 3-H ARE BEFORE
11 US. MOVED BY SUPERVISOR KNABE, SECONDED BY SUPERVISOR
12 ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

13

14 **CLERK VARONA-LUKENS:** AGENDA FOR THE MEETING OF THE REGIONAL
15 PARK AND OPEN SPACE DISTRICT, ITEM 1-P.

16

17 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
18 SUPERVISOR YAROSLAVSKY. IF THERE'S NO OBJECTION, SO ORDERED.

19

20 **CLERK VARONA-LUKENS:** BOARD OF SUPERVISORS, ITEMS 1 THROUGH 17,
21 I HAVE THE FOLLOWING REQUEST. ON ITEM NUMBER 2, HOLD FOR
22 SUPERVISOR KNABE AND FOR SUPERVISOR MOLINA, WHO REQUESTS THAT
23 WE TAKE UP THIS ITEM WITH ITEM S-1 AND ALSO A MEMBER OF THE
24 PUBLIC. ON ITEM S-3-- I'M SORRY, ON ITEM 3, HOLD FOR
25 SUPERVISOR KNABE AND A MEMBER OF THE PUBLIC. ON ITEM 5, THERE



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1 IS A REVISION, AS NOTED ON THE GREEN SHEET, TO ALLOCATE
2 \$760,000. AND THAT ITEM, HOLD FOR SUPERVISOR MOLINA.
3 SUPERVISOR ANTONOVICH REQUESTS A ONE-WEEK CONTINUANCE.

4

5 **SUP. MOLINA, CHAIR:** THAT'S FINE. LET'S CONTINUE THE ITEM.

6

7 **CLERK VARONA-LUKENS:** OKAY. ON ITEM NUMBER 7, HOLD FOR
8 SUPERVISOR BURKE, SUPERVISOR YAROSLAVSKY, SUPERVISOR KNABE AND
9 FOR SUPERVISOR MOLINA, WHO ALSO REQUESTS THAT WE BRING THIS UP
10 WITH ITEM S-1 AND ALSO A MEMBER OF THE PUBLIC REQUESTS THE
11 ITEM BE HELD. ON ITEM NUMBER 8, HOLD FOR SUPERVISOR MOLINA AND
12 SUPERVISOR ANTONOVICH AND A MEMBER OF THE PUBLIC. ON ITEM
13 NUMBER 17, HOLD FOR A MEMBER OF THE PUBLIC. THE REST ARE
14 BEFORE YOU.

15

16 **SUP. MOLINA, CHAIR:** ON THE REMAINDER, MOVED BY SUPERVISOR
17 YAROSLAVSKY, SECONDED BY SUPERVISOR ANTONOVICH. IF THERE'S NO
18 OBJECTION, SO ORDERED.

19

20 **CLERK VARONA-LUKENS:** ADMINISTRATIVE OFFICER, ITEMS 18 THROUGH
21 23. ON ITEM NUMBER 19, WE'RE GOING TO HOLD THIS ITEM FOR THE
22 BOARD AND I'M GOING TO READ THE "NO" VOTES INTO THE RECORD AT
23 THIS TIME. FOR SUPERVISOR MOLINA, ON PAGE 1, ATTACHMENT 1,
24 6.8, PROBATION, ITEM 1-- PAGE 24, EXCUSE ME, FOR SUPERVISOR
25 KNABE. ON PAGE 28, ATTACHMENT 1, SECTION 9, REVENUE AND



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1 TAXATION, WE'RE GOING TO HOLD-- WE'RE GOING TO VOTE "NO" ON
2 ITEMS 2 AND 3. ON PAGE 35, ATTACHMENT 1, 10.11, SERVICE
3 DELIVERY, ITEM NUMBER 1. ON PAGE 35, ATTACHMENT 1, SECTION 11,
4 STATE/COUNTY RELATIONSHIPS, ITEM NUMBER 9. PAGE 36, ATTACHMENT
5 1, SECTION 12, TRANSPORTATION, ITEM NUMBER 10. PAGE 2,
6 ATTACHMENT 11-- ATTACHMENT ROMAN NUMERAL II, SECTION 4, LOCAL-
7 - ALCOHOL TAX AUTHORITY, ITEM 4. FOR SUPERVISOR ANTONOVICH,
8 PAGE 3, ATTACHMENT 1, SECTION 1.3, CHILDREN AND FAMILY
9 SERVICES, ITEM 5. PAGE 16, ATTACHMENT 1, SECTION 4.3, HEALTH,
10 ITEM NUMBER 7. PAGE 28, ATTACHMENT 1, SECTION 9, REVENUE AND
11 TAXATION, ITEMS 2 AND 3. PAGE 35, ATTACHMENT 1, 11, STATE AND
12 COUNTY RELATIONSHIPS, ITEM 9. THOSE ARE...

13

14 **SUP. ANTONOVICH:** ALSO, ON PAGE 2, ATTACHMENT 2, LOCAL TAX
15 AUTHORITY, ITEM 4 SHOULD BE "NO" AS WELL.

16

17 **CLERK VARONA-LUKENS:** OKAY. AND THEN WE'LL HOLD THIS ITEM FOR
18 THE BOARD. ON...

19

20 **SUP. YAROSLAVSKY:** MADAM CHAIR, COULD I ASK A QUESTION?

21

22 **SUP. MOLINA, CHAIR:** YES.

23

24 **SUP. YAROSLAVSKY:** OF THE COUNTY COUNSEL. SUPPOSE-- AND I
25 UNDERSTAND WHY THIS WAS DONE, IT WAS DONE TO HELP US ORGANIZE



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1 THIS ACTION WHEN WE TAKE IT AND FOR EVERYBODY TO BE ABLE TO BE
2 HEARD, TO BE RECORDED PROPERLY AS THEY WISH TO, BUT SUPPOSE
3 THERE WERE THREE MEMBERS OF THE BOARD WHO ALL AGREED THAT
4 THERE OUGHT TO BE A "NO" VOTE ON NUMBER "X."

5

6 **SUP. MOLINA, CHAIR:** THEN IT WOULD NOT MOVE FORWARD.

7

8 **SUP. YAROSLAVSKY:** WOULD THAT HAVE BEEN A VIOLATION OF THE
9 BROWN ACT?

10

11 **RAY FORTNER, COUNSEL:** MADAM CHAIR, SUPERVISOR YAROSLAVSKY, AS
12 LONG AS THE BOARD MEMBERS HADN'T REACHED A COLLECTIVE
13 CONCURRENCE BUT HAD EXPRESSED THEIR INDEPENDENT VIEWS TO THE
14 CLERK OF THE BOARD FOR PURPOSES OF THIS COMPLEX ITEM, I DO NOT
15 BELIEVE THAT THAT WOULD VIOLATE THE BROWN ACT. IF THERE WERE A
16 COLLECTIVE OCCURRENCE PRIOR TO THAT...

17

18 **SUP. YAROSLAVSKY:** COULD YOU JUST DOUBLE-CHECK THAT AND GET A
19 COMMENT BACK TO US SOMETIME SOON? THANKS.

20

21 **CLERK VARONA-LUKENS:** OKAY.

22

23 **SUP. KNABE:** YEAH, I MEAN, JUST, I MEAN, WE DIDN'T DEBATE THE
24 ISSUE WITH THIS. JUST WE INDIVIDUALLY HAVE GONE THROUGH THIS
25 AND IDENTIFIED IT.



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1

2 **SUP. YAROSLAVSKY:** OUT OF AN ABUNDANCE OF CAUTION, I'M ASKING
3 THAT QUESTION, BECAUSE THERE MAY BE A TIME WHEN I MIGHT HAVE
4 BEEN INTERESTED IN HOW TWO OTHER PEOPLE MIGHT HAVE VOTED. IT
5 MIGHT HAVE INFLUENCED HOW I WOULD VOTE, HYPOTHETICALLY, THAT'S
6 ALL. AND THEN IT IS-- I THINK IT DOES...

7

8 **SUP. MOLINA, CHAIR:** BUT IF THEY WOULD HAVE TOLD YOU...

9

10 **SUP. KNABE:** THERE'S A COUPLE ITEMS IN THERE IF YOU WANT TO
11 VOTE WITH MIKE AND I, WE COULD... [LAUGHTER]

12

13 **SUP. YAROSLAVSKY:** BELIEVE ME, I'VE BEEN STRUGGLING WITH IT.

14

15 **SUP. MOLINA, CHAIR:** NOW, IF YOU WOULD HAVE GOTTEN TOGETHER
16 BEFOREHAND AND CONCLUDED THAT, IT PROBABLY WOULD HAVE BEEN A
17 VIOLATION. ALL RIGHT. BUT THERE'S A GREAT MOTION COMING UP
18 THAT I'LL SHARE WITH YOU A LITTLE LATER ABOUT HOW TO RESOLVE
19 ALL OF THIS. BUT LET'S MOVE FORWARD.

20

21 **CLERK VARONA-LUKENS:** ON ITEM 22, FOR THE RECORD, SUPERVISOR
22 MOLINA VOTES "NO." SO THOSE ITEMS ARE BEFORE YOU.

23



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1 **SUP. MOLINA, CHAIR:** ON THOSE ITEMS, MOVED BY SUPERVISOR KNABE,
2 SECONDED BY SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO
3 ORDERED.

4

5 **CLERK VARONA-LUKENS:** MADAM CHAIR, I'M SORRY, I NEED TO
6 BACKTRACK A LITTLE BIT. THESE SLIPS WERE JUST GIVEN TO ME.

7

8 **SUP. MOLINA, CHAIR:** WHICH ONES?

9

10 **CLERK VARONA-LUKENS:** ON ITEM NUMBER 20, MISS AUTRY, WE HAVE A
11 MEMBER OF THE PUBLIC WHO WOULD LIKE TO SPEAK ON THAT.

12

13 **SUP. MOLINA, CHAIR:** ALL RIGHT. RECONSIDERATION OF ITEM 20,
14 MOVED BY SUPERVISOR YAROSLAVSKY, SECONDED BY SUPERVISOR BURKE.
15 IF THERE'S NO OBJECTION, SO ORDERED. SO THAT ITEM WILL BE
16 HELD.

17

18 **CLERK VARONA-LUKENS:** AND ALSO ON AGENDA NUMBER 10, MISS AUTRY
19 WOULD LIKE TO HOLD THAT ITEM AS WELL.

20

21 **SUP. MOLINA, CHAIR:** AGAIN, ON ALL OF THESE ITEMS, IT'S
22 IMPORTANT THAT PEOPLE PROVIDE THEM BEFORE WE GO THROUGH THE
23 AGENDA. IT WOULD BE WORTHWHILE. THAT'S ITEM NUMBER 10, AGAIN,
24 RECONSIDERATION...

25



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1 **CLERK VARONA-LUKENS:** YES, MADAM CHAIR.

2

3 **SUP. MOLINA, CHAIR:** ...BY MS. BURKE, SECONDED BY SUPERVISOR
4 YAROSLAVSKY. IF THERE'S NO OBJECTION, SO ORDERED. THAT ITEM
5 WILL BE HELD.

6

7 **CLERK VARONA-LUKENS:** AUDITOR-CONTROLLER, ITEM 24.

8

9 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
10 BY SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

11

12 **CLERK VARONA-LUKENS:** BEACHES AND HARBORS, ITEMS 25 THROUGH 27.
13 ON ITEM 26, AS NOTED ON THE GREEN SHEET, SUPERVISOR KNABE
14 REQUESTS THAT THE ITEM-- AND WE'RE CHANGING THE ONE WEEK TO
15 TWO WEEKS, BE CONTINUED FOR TWO WEEKS.

16

17 **SUP. MOLINA, CHAIR:** ALL RIGHT.

18

19 **SUP. YAROSLAVSKY:** WHICH ITEM WAS THAT?

20

21 **CLERK VARONA-LUKENS:** THAT'S 26.

22

23 **SUP. MOLINA, CHAIR:** ITEM NUMBER 26.

24

25 **SUP. KNABE:** 26, TWO WEEKS.



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1

2 **SUP. MOLINA, CHAIR:** 27?

3

4 **CLERK VARONA-LUKENS:** ON ITEM 27, THE DIRECTOR OF BEACHES AND
5 HARBORS REQUESTS A ONE-WEEK CONTINUANCE.

6

7 **SUP. MOLINA, CHAIR:** ALL RIGHT. ITEM 25 IS BEFORE US. MOVED BY
8 SUPERVISOR KNABE, SECONDED BY SUPERVISOR YAROSLAVSKY. IF
9 THERE'S NO OBJECTION, SO ORDERED.

10

11 **CLERK VARONA-LUKENS:** CHILDREN AND FAMILY SERVICES, ITEM 28.

12

13 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
14 SUPERVISOR YAROSLAVSKY. IF THERE'S NO OBJECTION, SO ORDERED.

15

16 **CLERK VARONA-LUKENS:** COMMISSION ON HUMAN RELATIONS, ITEM 29.

17

18 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
19 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

20

21 **CLERK VARONA-LUKENS:** COMMUNITY DEVELOPMENT COMMISSION, ITEMS
22 30 AND 31. ON ITEM 30, A MEMBER OF THE PUBLIC REQUESTS THAT
23 THAT ITEM BE HELD. ITEM 31 IS BEFORE YOU.

24



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1 **SUP. MOLINA, CHAIR:** ON ITEM NUMBER 31, MOVED BY SUPERVISOR
2 BURKE, SECONDED BY SUPERVISOR ANTONOVICH. IF THERE'S NO
3 OBJECTION, SO ORDERED.

4

5 **CLERK VARONA-LUKENS:** FIRE DEPARTMENT. ON ITEM 32, HOLD FOR A
6 MEMBER OF THE PUBLIC.

7

8 **SUP. MOLINA, CHAIR:** THAT ITEM WILL BE HELD.

9

10 **CLERK VARONA-LUKENS:** HEALTH SERVICES. ON ITEM 33, HOLD FOR A
11 MEMBER OF THE PUBLIC.

12

13 **SUP. MOLINA, CHAIR:** THAT ITEM WILL BE HELD.

14

15 **CLERK VARONA-LUKENS:** HUMAN RESOURCES, ITEM 34.

16

17 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
18 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

19

20 **CLERK VARONA-LUKENS:** PARKS AND RECREATION, ITEM 35.

21

22 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
23 SUPERVISOR YAROSLAVSKY. IF THERE'S NO OBJECTION, SO ORDERED.

24



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1 **CLERK VARONA-LUKENS:** PUBLIC LIBRARY. ON ITEM 36, HOLD FOR
2 SUPERVISOR ANTONOVICH.

3

4 **SUP. MOLINA, CHAIR:** THAT ITEM WILL BE HELD.

5

6 **CLERK VARONA-LUKENS:** PUBLIC WORKS, ITEMS 37 THROUGH 48.

7

8 **SUP. MOLINA, CHAIR:** THERE IS NO HOLDS ON ANY OF THOSE. THAT IS
9 MOVED BY SUPERVISOR KNABE, SECONDED BY SUPERVISOR ANTONOVICH.
10 IF THERE'S NO OBJECTION, SO ORDERED.

11

12 **CLERK VARONA-LUKENS:** SHERIFF, ITEMS 49 AND 50. ON ITEM 49, THE
13 CHIEF ADMINISTRATIVE OFFICER REQUESTS A TWO-WEEK CONTINUANCE
14 AND WE HAVE A REQUEST FROM SUPERVISOR MOLINA AND MEMBERS OF
15 THE PUBLIC TO HOLD.

16

17 **SUP. MOLINA, CHAIR:** WHY DON'T WE CONTINUE THAT ITEM FOR TWO
18 WEEKS.

19

20 **CLERK VARONA-LUKENS:** OKAY. ITEM 50 IS BEFORE YOU.

21

22 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
23 SUPERVISOR YAROSLAVSKY. IF THERE'S NO OBJECTION, SO ORDERED.

24



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1 **CLERK VARONA-LUKENS:** MISCELLANEOUS COMMUNICATIONS. ON ITEM 51,
2 FOR THE RECORD, SUPERVISOR ANTONOVICH VOTES "NO." ON ITEM 52,
3 HOLD FOR SUPERVISOR KNABE.

4

5 **SUP. MOLINA, CHAIR:** ITEM 53 IS BEFORE US?

6

7 **CLERK VARONA-LUKENS:** 53 AND 51, WITH SUPERVISOR ANTONOVICH
8 VOTING "NO."

9

10 **SUP. MOLINA, CHAIR:** ALL RIGHT. ON THOSE ITEMS, MOVED BY
11 SUPERVISOR YAROSLAVSKY, SECONDED BY SUPERVISOR KNABE. IF
12 THERE'S NO OBJECTION, SO ORDERED.

13

14 **CLERK VARONA-LUKENS:** ORDINANCES FOR ADOPTION, ITEMS 54 THROUGH
15 58. FOR THE RECORD, ON ITEM 55 AND 56, SUPERVISOR MOLINA VOTES
16 "NO."

17

18 **SUP. MOLINA, CHAIR:** OKAY. NOTING THOSE EXCEPTIONS, MOVED BY
19 SUPERVISOR BURKE, SECONDED BY SUPERVISOR KNABE. IF THERE'S NO
20 OBJECTION, SO ORDERED.

21

22 **CLERK VARONA-LUKENS:** SEPARATE MATTERS, ITEMS 59 THROUGH 61. ON
23 ITEM 59, AS NOTED ON THE AGENDA, THE DIRECTOR REQUESTS THAT
24 THE ITEM BE CONTINUED ONE WEEK AND WE HAVE A REQUEST FROM A
25 MEMBER OF THE PUBLIC TO HOLD THAT ITEM.



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1

2 **SUP. MOLINA, CHAIR:** WELL, WE'LL HOLD THAT ITEM AND THEN WE'LL
3 CONTINUE IT FOR A WEEK.

4

5 **CLERK VARONA-LUKENS:** OKAY. ON ITEM 60, THE TREASURER AND TAX
6 COLLECTOR REQUESTS THAT THE ITEM BE REFERRED BACK TO HIS
7 OFFICE. ON ITEM 61, TREASURER AND TAX COLLECTOR'S
8 RECOMMENDATION TO ADOPT RESOLUTION AUTHORIZING THE ISSUANCE
9 AND SALE OF HAWTHORNE SCHOOL DISTRICT 2005 GENERAL OBLIGATION
10 BONDS ELECTION 2004, SERIES A, AN AGGREGATE PRINCIPAL AMOUNT
11 NOT TO EXCEED \$12 MILLION.

12

13 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
14 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

15

16 **CLERK VARONA-LUKENS:** PUBLIC HEARING ON ITEM 62. WE'LL HOLD
17 THIS FOR HEARING. 63, ADDITIONS TO THE AGENDA REQUESTED BY
18 BOARD MEMBERS AND THE CHIEF ADMINISTRATIVE OFFICER, WHICH WERE
19 POSTED MORE THAN 72 HOURS IN ADVANCE OF THE MEETING, AS
20 INDICATED ON THE GREEN SUPPLEMENTAL AGENDA. ITEM 63-A.

21

22 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE. IF THERE'S NO
23 OBJECTION, SO ORDERED.

24



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1 **CLERK VARONA-LUKENS:** AND THAT COMPLETES THE READING OF THE
2 AGENDA. BOARD OF SUPERVISORS' SPECIAL ITEMS BEGINS WITH
3 SUPERVISORIAL DISTRICT NUMBER FOUR.

4
5 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. KNABE, YOUR SPECIALS.

6
7 **SUP. KNABE:** THANK YOU, MADAM CHAIR, MEMBERS OF THE BOARD.
8 TODAY, WE ARE HONORING MR. BILL PICKERING, WHO IS A FORMER
9 UNITED STATES SECRET SERVICE AGENT. HE BEGAN HIS CAREER IN LOS
10 ANGELES FIRST WITH THE L.A.P.D. AND THEN WITH THE LOS ANGELES
11 SECRET SERVICE FIELD OFFICE. SUBSEQUENT ASSIGNMENTS TOOK BILL
12 TO WASHINGTON, D.C., WHERE HE WAS ON THE VICE PRESIDENT'S
13 PROTECTIVE DETAIL. HE HAD TO SUFFER THROUGH HONOLULU FOR
14 AWHILE, BANGKOK, AND THEN BACK TO LOS ANGELES. HE SPENT THE
15 LAST SEVEN YEARS OF HIS CAREER AS THE ASSISTANT SPECIAL AGENT
16 IN CHARGE OF OUR L.A. FIELD OFFICE. IT WAS DURING THIS TIME
17 THAT HE WORKED WITH MEMBERS OF THIS BOARD AND THE OFFICE OF
18 PROTOCOL ON MANY VISITS OF CHIEFS OF STATE AND HEADS OF
19 GOVERNMENT TO LOS ANGELES. MOST RECENTLY, WE WORKED WITH HIM
20 ON A VERY SUCCESSFUL VISIT FROM THE PRESIDENT OF KOREA.
21 SECURITY IS A CRITICAL ELEMENT IN A SUCCESSFUL VISIT BY A
22 FOREIGN PRESIDENT, PRIME MINISTER, KING, OR QUEEN. WE
23 APPRECIATE HIS COOPERATION WITH OUR OFFICE OF PROTOCOL THAT
24 MADE THESE VISITS GO SO SMOOTHLY. THIS PAST OCTOBER, BILL
25 RETIRED FROM THE SECRET SERVICE AND BEGAN A NEW CAREER AS A



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1 SPECIAL AGENT IN CHARGE FOR N.A.S.A. OFFICE OF THE INSPECTOR
2 GENERAL FOR THE WESTERN REGION OF THE UNITED STATES. HE'S
3 STILL WORKING TO KEEP US SAFE AND YET HIS NEW OFFICE IS IN THE
4 FOURTH DISTRICT IN DOWNTOWN LONG BEACH. SO WE WANT TO THANK
5 BILL FOR HIS EFFORTS ON BEHALF OF THE BOARD OF THE OFFICE OF
6 PROTOCOL AND ALL THE CITIZENS OF THIS COUNTY, WISH HIM THE
7 VERY, VERY BEST IN HIS NEW VENTURE WITH N.A.S.A. AND WE'RE
8 GLAD TO KEEP HIM HERE IN LOS ANGELES COUNTY. BILL,
9 CONGRATULATIONS. [APPLAUSE]

10

11 **WILLIAM PICKERING:** THANK YOU, SUPERVISOR KNABE AND THE REST OF
12 THE SUPERVISORS. THERE'S A COUPLE UP HERE OF YOU THAT I KNOW
13 QUITE WELL FROM THE D.N.C. AND A FEW OTHER SITUATIONS THAT
14 WE'VE BEEN INVOLVED IN OVER THE YEARS WHILE I'VE BEEN IN LOS
15 ANGELES. ALSO, GINGER BARNARD AND HER OFFICE, FOR THE VISITS
16 THAT SHE'S HELPED US WITH HERE IN THE L.A. COUNTY. MY WIFE,
17 WHO IS SITTING OFF TO MY RIGHT HERE, WHO I'VE DRUG AROUND THE
18 WHOLE WORLD FOR ABOUT THE LAST TWO DECADES-PLUS AND, OF
19 COURSE, I DIDN'T EXPECT TO END MY CAREER HERE BUT IT'S NICE TO
20 BE BACK AND IT'S NICE TO STAY HERE WITHIN L.A. COUNTY. THANK
21 YOU. [APPLAUSE]

22

23 **SUP. KNABE:** I'D LIKE TO ASK MY BOARD MEMBERS IF WE COULD TAKE
24 ONE PICTURE WITH BILL, AND HAVE-- GLORIA? IF WE COULD HAVE
25 EVERYONE IN A PICTURE WITH BILL. THANKS AGAIN, BILL, AND WE



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1 WISH YOU THE VERY, VERY BEST. NEXT, I'M PLEASED TO CALL
2 FORWARD DOROTHY COURTNEY, A LONG-TIME HERMOSA BEACH RESIDENT
3 FOR SOME SPECIAL COMMENDATION THIS MORNING. SHE IS BEING
4 HONORED FOR HER RETIREMENT FROM THE RICHSTONE FAMILY CENTER,
5 WHERE SHE WAS THE EXECUTIVE DIRECTOR FOR SOME 24 YEARS.
6 RICHSTONE FAMILY CENTER WAS FOUNDED IN THE CITY OF HAWTHORNE
7 WITH THE GOAL OF PREVENTING AND TREATING VICTIMS OF CHILD
8 ABUSE, TO STRENGTHEN FAMILIES AND TO PROMOTE THE NONVIOLENT
9 RESOLUTION OF CONFLICTS IN FAMILIES AND IN THE COMMUNITY.
10 THOUGH MUCH OF THE FUNDING COMES FROM VARIOUS GRANTS, IT HAS
11 BEEN DOROTHY'S ABILITY-- DOROTHY'S ARM-TWISTING ABILITY--
12 EXCUSE ME, DOROTHY'S ABILITY TO PERSUADE CORPORATIONS,
13 CELEBRITIES, COMMUNITIES AND BUSINESS LEADERS AND THE CITIZENS
14 OF THE SOUTH BAY TO CONTRIBUTE TO THIS GREAT NONPROFIT
15 ORGANIZATION. SHE ALSO ESTABLISHED THE RICHSTONE FOUNDATION,
16 WHICH HAS RAISED NUMEROUS DOLLARS TO SUSTAIN THE CENTER.
17 OBVIOUSLY, I'VE BEEN HONORED TO KNOW DOROTHY FOR MANY YEARS
18 AND WAS PLEASED TO NAME HER AS MY 2000 LOS ANGELES COUNTY
19 WOMAN OF THE YEAR FOR HER YEARS OF COMMUNITY INVOLVEMENT. SO,
20 DOROTHY, WE WISH YOU THE VERY, VERY BEST AND YOUR MOTTO OF
21 LIVE LARGE, LOVE MORE AND GIVE MORE FREELY ARE WORDS TO LIVE
22 BY AND WE THANK YOU FOR YOUR MANY, MANY YEARS OF SERVICE AND
23 WISH YOU AND ROBERT THE BEST. [APPLAUSE]
24



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1 **DOROTHY COURTNEY:** WELL, THANK YOU, DON, FOR THIS HONOR AND
2 THANK YOU TO ALL THE OTHER BOARD OF SUPERVISORS FOR THIS HONOR
3 BUT THIS HONOR DOES NOT REALLY BELONG TO ME; I'M JUST
4 REPRESENTING THE YEARS THAT I'VE WORKED BUT YOU ALL KNOW THAT
5 NO ONE DOES A GOOD JOB WITHOUT A WHOLE CADRE OF PEOPLE BEING
6 WITH THEM. SO I NEED TO THANK MY FAMILY, WHO PUT UP WITH ME
7 FOR JILLIONS OF YEARS OF NOT COOKING OR DOING THOSE THINGS
8 THAT OTHER PEOPLE DO. I NEED TO THANK YOU ON THE BOARD OF
9 SUPERVISORS AND YOUR STAFF, WHO ARE SITTING OVER HERE, WHO
10 HAVE BEEN INCREDIBLE CONTRIBUTORS TO RICHSTONE AND MICHAEL
11 ANTONOVICH MAY NOT REMEMBER THIS BUT, WHEN HE WAS IN THE
12 ASSEMBLY, WAS-- ONE WHO WAS-- ESTABLISHED THE BILL THAT SET UP
13 RICHSTONE IN THE FIRST PLACE. SO WE GO A LONG WAY BACK. AND
14 THEN, OF COURSE, YVONNE BURKE'S OFFICE AND DON KNABE'S OFFICE.
15 THOSE ARE THE AREAS WHICH RICHSTONE SERVES, SO WE HAVE THE
16 CLOSEST RELATIONSHIP. BUT ALSO IN THE COUNTY, THE DEPARTMENTS
17 OF EDUCATION, PROBATION, THE SHERIFF, THE DISTRICT ATTORNEY
18 AND, MOST IMPORTANTLY, THE DEPARTMENT OF CHILDREN AND FAMILY
19 SERVICES, HAVE WORKED WITH US IN MANY COLLABORATIVE EFFORTS TO
20 REALLY PROTECT CHILDREN AND TO PREVENT VIOLENCE. ALSO, BACK AT
21 RICHSTONE, WE HAVE AN EXTRAORDINARY STAFF, AND I FELT I
22 COULDN'T STAND HERE WITHOUT SOME REPRESENTATION FROM THEM AND
23 BEHIND ME IS CHERYL GREGORIS, WHO IS THE PROGRAM DIRECTOR AND
24 HAS BEEN THERE FOR 18 YEARS AND GUARANTEES THAT RICHSTONE WILL
25 GO ON TO PROVIDE GREAT SERVICE. AND THEN NEXT TO HER IS



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1 ROLANDO RAMIREZ, WHO IS THE NEW EXECUTIVE DIRECTOR REPLACING
2 ME, WHO IS AN EXTRAORDINARY YOUNG MAN WHO GREW UP IN THIS
3 COMMUNITY AND IS BACK TO GIVE SERVICE TO CHILDREN AND
4 FAMILIES. I ALSO WANT TO THANK ICAN AND DEANNE TILDON FOR
5 HAVING SUPPORTED RICHSTONE FROM ITS VERY BEGINNINGS AND I
6 THANK ONE AND ALL. AND, ON THIS CERTIFICATE, IT'S PRETTY
7 SPECIAL BECAUSE NOT ONLY DOES IT HAVE THE COUNTY-- WELL, I
8 DON'T KNOW HOW WE'RE DOING ON THE SEAL BUSINESS BUT NOT ONLY
9 THE COUNTY INSIGNIA BUT IT ALSO HAS RICHSTONE'S AND
10 RICHSTONE'S IS A BROKEN HEART, AND A CHILD SAID, "MY HEART WAS
11 BROKEN AND YOU MENDED IT," AND THEY THANKED US AND I THANK
12 YOU. [APPLAUSE]

13

14 **SUP. ANTONOVICH:** THIS MORNING, WE WOULD LIKE TO BID A FAREWELL
15 TO MY DEPUTY, DR. RAINE RITCHEY, WHO HAS BEEN MY DEPARTMENT OF
16 CHILDREN AND FAMILY SERVICES DEPUTY FOR THE PAST SIX YEARS AND
17 SHE WILL BE BECOMING A MEMBER AS A PROSECUTING ATTORNEY FOR
18 THE DISTRICT ATTORNEY'S OFFICE LATER THIS MONTH. SINCE JOINING
19 MY OFFICE OVER SIX YEARS AGO, SHE CAME IN AS A PERSON WHO IS
20 LIVING AT HOME WITH HER FAMILY. TODAY, SHE NOW HAS A HOME WITH
21 HER HUSBAND AND HER LITTLE SON, AUSTIN, WHO IS HERE, WHO HAS--
22 AUSTIN IS NOW TWO YEARS OLD. SHE HAS BEEN VERY CONSTRUCTIVE IN
23 HELPING US WITH THE REFORMS IN THE DEPARTMENT, IN EXPEDITING
24 THE PROCESS SO THAT PEOPLE WERE ABLE TO ADOPT AND BECOME
25 FOSTER PARENTS IN A TIMELY MANNER. SHE HAS A STRONG REPUTATION



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1 FOR BEING A KIND PERSON, SOMEONE WHO TRULY CARES ABOUT
2 CHILDREN AND OUR FAMILIES WITHIN THIS COUNTY OF LOS ANGELES.
3 SO, RAINE, WE WANT TO WISH YOU CONTINUED SUCCESS AS YOU NOW
4 BECOME A PROSECUTOR ON THE OTHER SIDE OF THE FORMAT IN THIS
5 STRUCTURE OF OUR GOVERNMENTAL AFFAIRS AND WISH YOU CONTINUED
6 SUCCESS. GOD BLESS. [APPLAUSE]

7

8 **RAINE RITCHEY:** THANK YOU, SUPERVISOR ANTONOVICH, FOR YOUR KIND
9 WORDS. SINCE ANNOUNCING MY DEPARTURE FROM SUPERVISOR...

10

11 **AUSTIN:** AUSTIN.

12

13 **RAINE RITCHEY:** ...ANTONOVICH'S [LAUGHTER] IT'S BEEN
14 ABSOLUTELY CRAZY. I'VE RECEIVED SO MANY RESPONSES FROM FRIENDS
15 AND COLLEAGUES WISHING ME THE BEST OF LUCK. AND I WOULD REALLY
16 LIKE TO THANK EVERYONE FOR COMING OUT TODAY TO SAY FAREWELL,
17 AND I REALLY APPRECIATE IT BECAUSE EVERYONE'S BUSY BUT YOU DID
18 TAKE THE TIME TO SAY GOOD-BYE TO ME AND WELCOME JANA, THE NEW
19 DEPUTY. I APPRECIATE IT. I WOULD LIKE TO THANK DR. SAUNDERS
20 AND BRYCE YOKOMIZO AND CYNTHIA BANKS FOR MAKING MY JOB EASIER
21 DUE TO THEIR GREAT LEADERSHIP AND COMPETENCE. I WOULD LIKE TO
22 THANK THE SUPERVISORS FOR THEIR GREAT STAFF, MIRIAM SIMMONS,
23 WENDY, ERIN, LUISA, AVIANA, GERARDO, LINDA TURNOFF, OF COURSE,
24 THE HISTORIAN. AND TO OUR STAFF, I WOULD LIKE TO THANK EACH
25 AND EVERY ONE IN SUPERVISOR ANTONOVICH'S OFFICE FOR THEIR



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1 SUPPORT SINCE JOINING THE OFFICE. EVERYONE HAS WENT BEYOND THE
2 CALL OF DUTY TO HELP ME, ESPECIALLY TAMARA. TAMARA, AS YOU
3 KNOW, WORDS ALONE CANNOT EXPRESS HOW MUCH I APPRECIATE THE
4 SUPPORT YOU'VE GIVEN ME THE PAST SIX YEARS NOW. AS A
5 CHILDREN'S DEPUTY AND A NEW MOM, I KNOW THE IMPORTANCE OF
6 LOVING YOUR CHILDREN. MIKE, HOW MANY TIMES HAVE I HEARD YOU
7 SAY, "CHILDREN NEED LOVE AND SUPPORT TO BE PRODUCTIVE
8 CITIZENS." THEY NEED MOTTOS-- MENTORS AND ROLE MODELS. SO I
9 SAY THIS TO YOU, MIKE, TO LET YOU KNOW THAT I'M NOT LEAVING
10 FOR SELFISH REASONS. I AM LEAVING BECAUSE OF AUSTIN. I'M
11 LEAVING TO BE THAT ROLE MODEL FOR MY SON, THIS BIG BOY HERE,
12 TO SET AN EXAMPLE, TO LET HIM KNOW THE IMPORTANCE OF RECEIVING
13 A EDUCATION AND SETTING GOALS AND DOING WHATEVER IT TAKES TO
14 REACH THOSE GOALS. 10 YEARS AGO, I SET A GOAL TO BECOME A
15 LAWYER. I SPENT FOUR LONG YEARS IN LAW SCHOOL, MANY WEEKS
16 STUDYING FOR THAT GRUESOME BAR EXAM AND NOW I HAVE A WONDERFUL
17 OPPORTUNITY TO JOIN THE DISTRICT ATTORNEY'S OFFICE. SO, AS YOU
18 KNOW, IT DOESN'T COME AROUND TOO OFTEN AND THIS WILL ALLOW ME
19 TO CONTINUE ON MY CAREER PATH AND, HOPEFULLY, MY SON WILL
20 FOLLOW IN MY FOOTSTEPS. THE GOOD NEWS IS THAT I WILL REMAIN IN
21 THE COUNTY FAMILY. WHEN I JOINED MIKE'S OFFICE SIX YEARS AGO,
22 I TOOK A OATH TO REPRESENT THE CITIZENS OF LOS ANGELES COUNTY.
23 AS A PROSECUTING ATTORNEY, I WILL CONTINUE TO BE THAT VOICE
24 FOR THE PEOPLE OF LOS ANGELES. THANK YOU, MIKE. [APPLAUSE]

25



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1 **SUP. ANTONOVICH:** THANK YOU, AUSTIN. DO YOU WANT TO CARRY THIS
2 FOR MOMMY? NOW, WE WOULD LIKE TO WELCOME KETA DAVIS, WHO IS A
3 COMMUNITY RELATIONS ASSISTANT FOR THE NORTHROP GRUMMAN
4 CORPORATION. NORTHROP HAS PROVIDED OUTSTANDING CORPORATE
5 LEADERSHIP AS THE SPONSOR OF THE SIXTH ANNUAL FIVE K RUN/WALK
6 AND HEALTH EXPO FOR GIRLS AT RISK, WHICH IS SPONSORED BY OUR
7 L.A. COUNTY COMMISSION FOR WOMEN EACH YEAR. THE EVENT IS HELD
8 IN SEPTEMBER WITH A GREAT SUCCESS THAT RAISED FUNDING FOR 30
9 EDUCATIONAL SCHOLARSHIPS AND WAS ENJOYED BY INDIVIDUALS AND
10 GROUPS FROM ORGANIZATIONS AND COMMUNITIES THROUGHOUT
11 CALIFORNIA.

12

13 **SUP. MOLINA, CHAIR:** EXCUSE ME, MR. ANTONOVICH. COULD WE HAVE--
14 PLEASE, HAVE EVERYBODY SIT DOWN AND COULD WE HAVE QUIET ON
15 BOTH SIDES? THANK YOU. I'M SORRY.

16

17 **SUP. ANTONOVICH:** NORTHROP GRUMMAN CORPORATION HAS A LONG
18 HISTORY OF COMMUNITY INVOLVEMENT AND MANY AMONG ITS DIVERSE
19 WORKFORCE ARE STRONG AMBASSADORS TO THEIR COMMUNITIES WITH AN
20 INTEREST IN SUPPORTING EDUCATION AND SOCIAL DEVELOPMENT. SO,
21 ON BEHALF OF THE BOARD, WE WOULD LIKE TO RECOGNIZE NORTHROP
22 FOR THEIR CONTRIBUTION.

23

24 **KETA DAVIS:** I WOULD JUST LIKE TO SAY, ON BEHALF OF NORTHROP
25 GRUMMAN, WE THANK THE LOS ANGELES COUNTY COMMISSION FOR WOMEN



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1 FOR DOING WHAT THEY DO. THEY'VE DONE A TERRIFIC JOB FOR THE
2 PAST SIX YEARS AND IT GIVES US GREAT PLEASURE TO BE A PART OF
3 THIS WONDERFUL EVENT, GIRLS AT RISK. THANK YOU AND GOD BLESS
4 YOU. [APPLAUSE]

5

6 **SUP. ANTONOVICH:** FIRST, WE'D LIKE TO RECOGNIZE ROYCE ILAM, WHO
7 IS 18 YEARS OLD. SHE EARNED HER HIGH SCHOOL DIPLOMA AND IS
8 CURRENTLY ATTENDING ANTELOPE VALLEY COLLEGE. WHILE IN HIGH
9 SCHOOL, SHE'S BEEN INVOLVED IN BASKETBALL, VOLLEYBALL AND
10 TRACK. AFTER SHE RECEIVES HER ASSOCIATE OF ARTS DEGREE, SHE
11 PLANS TO TRANSFER TO A UNIVERSITY TO BECOME A C.P.A. ROYCE? [
12 APPLAUSE]

13

14 **SUP. ANTONOVICH:** CONGRATULATIONS. TURAY GRAVES IS 18 YEARS OLD
15 AND A GRADUATE OF PASADENA HIGH SCHOOL. SHE'S AN ATHLETE,
16 CAPTAIN OF THE BASKETBALL TEAM AND PARTICIPATED IN TRACK AND
17 FIELD. PLANS TO ATTEND CALIFORNIA STATE UNIVERSITY AT LOS
18 ANGELES OR THE UNIVERSITY OF CALIFORNIA IRVINE. SHE WANTS TO
19 BECOME A LAWYER OR A FAMILY OR ENTERTAINMENT LAWYER. [
20 APPLAUSE]

21

22 **SUP. ANTONOVICH:** BLANCA MAHABAR TOBAR IS 21 YEARS OLD,
23 ENROLLED AS A PARALEGAL AT MERRICK COLLEGE IN PANORAMA CITY.
24 SHE WISHES TO ENROLL AT UCLA TO COMPLETE A FOUR-YEAR DEGREE,
25 MAJORING IN JUVENILE LAW. HER CAREER AMBITION IS TO FILL THE



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1 NEED IN SOCIETY BY OFFERING HER ASSISTANCE TO THOSE LESS
2 FORTUNATE. SHE ALSO WANTS TO BECOME A LAWYER FOR JUVENILES AND
3 WORK IN AN ENVIRONMENT LIKE THE CHILDREN'S COURT. [APPLAUSE]

4

5 **SUP. ANTONOVICH:** AMANDA MUIR IS 18 YEARS OLD. SHE PLANS TO
6 ENROLL AT MISSION COLLEGE. SHE'S OPTIMISTIC ABOUT HER FUTURE
7 AND WANTS TO TAKE BUSINESS CLASSES. SHE'S DEVOTED TO HER
8 FAMILY AND HAS EXCEPTIONAL LEADERSHIP ABILITIES AMONG HER
9 PEERS. SHE WANTS TO OBTAIN A DEGREE IN BUSINESS FROM
10 CALIFORNIA STATE UNIVERSITY AT NORTHRIDGE AND BECOME A
11 BUSINESSWOMAN, HEADING A MAJOR CORPORATION. [APPLAUSE]

12

13 **SUP. ANTONOVICH:** OKAY. DO YOU WANT TO SAY SOMETHING? RICO DUBA
14 FROM THE ANTELOPE VALLEY IS ONE OF MY APPOINTEES TO THE
15 COMMISSION AND SHE IS ALSO A MARATHON RUNNER WHO IS REALLY THE
16 GENESIS BEHIND THIS MARATHON THAT HAS BEEN SO SUCCESSFUL OVER
17 THESE PAST YEARS THAT WE DO AT THE ROSE BOWL EACH YEAR.

18

19 **SUP. MOLINA, CHAIR:** CONGRATULATIONS, LADIES. [APPLAUSE]

20

21 **SUP. MOLINA, CHAIR:** NEXT, I'M GOING TO CALL ON OLIVIA
22 RODRIGUEZ TO COME UP AND JOIN ME IN MAKING THE PRESENTATION TO
23 THE AWARDEES AND THE SCHOLARSHIP WINNERS FROM THE FIRST
24 DISTRICT. OLIVIA? OLIVIA, WHY DON'T YOU MAKE THE PRESENTATIONS
25 OF THE CERTIFICATES. FIRST OF ALL, LET ME JOIN IN COMMENDING



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1 THE COMMISSION ON WOMEN AS WELL AS NORTHROP GRUMMAN FOR MAKING
2 THIS AVAILABLE, NOT ONLY FOR AN OPPORTUNITY FOR US TO SHOWCASE
3 SOME OF THE OUTSTANDING YOUNG WOMEN THAT WE HAVE IN OUR
4 DISTRICT BUT ALSO THE FINANCIAL BENEFIT THAT THEY'RE GOING TO
5 BE RECEIVING. SO, CONGRATULATIONS TO EVERYONE. FIRST, I'D LIKE
6 TO INTRODUCE MARIA RAYA. SHE'S 19 YEARS OLD. SHE PLANS TO
7 ATTEND CERRITOS COMMUNITY COLLEGE. HER PARENTS ARE MEXICAN
8 IMMIGRANTS WHO STRONGLY ENCOURAGED HER TO ACHIEVE THE KIND OF
9 EDUCATIONAL OPPORTUNITY THAT'S AVAILABLE TO HER. SHE WORKS TWO
10 JOBS PRESENTLY. SHE ATTENDS LAKOS CAMP, JOSEPH SCOTT ACADEMY
11 AT NIGHT, AND, IN THE FUTURE, SHE HOPES TO STUDY LAW AND
12 PERHAPS OWN A BUSINESS. SO I WANT TO CONGRATULATE MARIA.
13 CONGRATULATIONS. [APPLAUSE]

14

15 **SUP. MOLINA, CHAIR:** NEXT, I'D LIKE TO INTRODUCE PEARLA
16 TERMINAL. PEARLA CAME TO THE UNITED STATES WHEN SHE WAS JUST
17 TWO YEARS OLD. SHE IS NOW 17. SHE EARNED HER G.E.D. WHILE AT
18 CAMP JOSEPH SCOTT. WHILE THERE, PEARLA BECAME INTERESTED IN
19 LAW ENFORCEMENT AND NOW HOPES TO BE A PROBATION OFFICER SOME
20 DAY. SHE PLANS TO STUDY LAW ENFORCEMENT AND PSYCHOLOGY AT THE
21 COMMUNITY COLLEGES. SO WE WANT TO CONGRATULATE PEARLA AS WELL.
22 CONGRATULATIONS. [APPLAUSE]

23

24 **SUP. MOLINA, CHAIR:** OH, OKAY. NEXT IS ROSEANNA COOK. ROSEANNA
25 IS A 19-YEAR-OLD AND SHE WAS RECENTLY EMANCIPATED FROM THE



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1 FOSTER CARE SYSTEM. SHE ATTENDS PASADENA CITY COLLEGE AND HER
2 GOAL IS TO TRANSFER TO THE UNIVERSITY SO SHE CAN MAJOR IN
3 PSYCHOLOGY OR HISTORY THERE. EVENTUALLY, SHE HOPES TO ATTEND
4 LAW SCHOOL AND ALSO TO GET HER MASTER'S DEGREE. SO WE WANT TO
5 CONGRATULATE ROSEANNA COOK. CONGRATULATIONS. [APPLAUSE]

6

7 **SUP. MOLINA, CHAIR:** WE HAVE ONE ADDITIONAL AWARDEE WHO
8 COULDN'T MAKE IT TODAY, ANGELICA BATISTA. TODAY IS HER FIRST
9 DAY OF COLLEGE AS WELL AS A JOB INTERVIEW, SO SHE COULDN'T
10 ATTEND. AT AGE 13, ANGELICA LEFT LA PAS, BOLIVIA ALL ALONE IN
11 HOPES OF OBTAINING AN EDUCATION AND JOB HERE IN THE UNITED
12 STATES. SHE WAS HOMELESS AND UNABLE TO SPEAK ENGLISH BUT SHE
13 WORKED HARD BY CLEANING HOMES FOR A LIVING. WHEN SHE WAS 16,
14 ANGELICA CONTACTED D.C.F.S. CHILDREN'S PROTECTIVE SERVICES AND
15 BECAME PART OF THE FOSTER CARE SYSTEM UNDER THE NINOS UNITOS
16 LATINOS. SHE'S A GRADUATE OF THE EISENHOWER HIGH SCHOOL. SHE
17 WAS EMANCIPATED FROM FOSTER CARE IN MARCH AND IS NOW A 20-
18 YEAR-OLD. SHE'S CURRENTLY ATTENDING CHAFE COLLEGE IN RANCHO
19 CUCAMONGA. SHE ALSO RECEIVED A SCHOLARSHIP, SO WE WANT TO
20 CONGRATULATE ANGELICA. THANK YOU, OLIVIA. [APPLAUSE]

21

22 **SUP. MOLINA, CHAIR:** OKAY. VERY GOOD. NEXT, I'M GOING TO CALL
23 ON SUPERVISOR BURKE.

24



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1 **SUP. BURKE:** THANK YOU AND I'D LIKE TO ASK MY COMMISSIONERS TO
2 JOIN WITH ME FROM JERNIGAN, DR. CRARY, YOLANDA BASERA JONES,
3 PLEASE COME FORWARD. WE ARE VERY PLEASED TO HAVE CASSANDRA
4 GONZALEZ FROM THE INDEPENDENT LIVING PROGRAM. SHE'S 21 YEARS
5 OLD. SHE RECEIVED HER G.E.D. AND HIGH SCHOOL DIPLOMA WHILE
6 RESIDING AT DOROTHY KIRBY CENTER. SHE WILL GRADUATE IN SPRING
7 2004 WITH AN A.A. DEGREE FROM SANTA MONICA, HAVING DROPPED OUT
8 OF ELEMENTARY SCHOOL IN THE SIXTH GRADE TO TAKE CARE OF HER
9 SIBLINGS. A FORMER GANG MEMBER, FORMER WARD OF THE COURT,
10 SHE'S FACED MANY CHALLENGES. SHE PLANS TO BE A DETENTION
11 SERVICE OFFICERS AT JUVENILE HALL SO THAT SHE CAN HELP YOUNG
12 PEOPLE IN HER SITUATION. SHE'S BEEN ACCEPTED TO U.C.L.A. AND
13 ULTIMATELY HOPES TO BECOME AN ATTORNEY. CONGRATULATIONS. [
14 APPLAUSE]

15

16 **SUP. BURKE:** CYNTHIA HERNANDEZ. IS THAT THE RIGHT WAY YOU
17 PRONOUNCE IT? CYNTHIA? AND SHE'S 21 YEARS OLD, ATTENDS
18 CALIFORNIA STATE UNIVERSITY AT NORTHRIDGE, IN HER JUNIOR YEAR
19 IN COLLEGE. SHE'S TAKING 19 UNITS IN HER MAJOR OF SOCIOLOGY
20 WITH EMPHASIS ON CRIMINAL JUSTICE. HER GOAL IS TO OBTAIN HER
21 MASTER'S IN SOCIOLOGY, FOLLOWED BY ACQUIRING A PH.D. AFTER
22 OBTAINING HER DEGREE, SHE ENVISIONS WORKING FOR THE L.A.
23 COUNTY SHERIFF'S DEPARTMENT FOR FIVE YEARS AND THEN SEEK
24 EMPLOYMENT FROM THE F.B.I. TO INVESTIGATE WHITE-COLLAR CRIME.
25 CONGRATULATIONS. [APPLAUSE]



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1

2 **SUP. BURKE:** ADELAINA BARTOLOME FROM D.C.F.S. SHE'S 21 YEARS
3 OLD, ATTENDS L.A. TRADES TECH COLLEGE, SHE IS A FORMER FOSTER
4 CARE YOUTH. HER CAREER GOAL IS TO BECOME A SOCIAL WORKER AND,
5 TO THAT END, SHE PLANS TO OBTAIN A DEGREE FROM CAL STATE L.A.
6 CONGRATULATIONS. [APPLAUSE]

7

8 **SUP. BURKE:** CONGRATULATIONS TO ALL OF YOU AND LOTS OF LUCK.

9

10 **SUP. MOLINA, CHAIR:** CONGRATULATIONS. CONGRATULATIONS TO ALL OF
11 YOU. SUPERVISOR KNABE, DO YOU HAVE YOURS? ARE YOU READY TO GO?
12 GREAT.

13

14 **SUP. KNABE:** YES, I'D LIKE TO ASK MY TWO COMMISSIONERS TO JOIN
15 ME THAT ARE HERE TODAY, CHARLOTTE LESSER AND JANET MUMMY.

16

17 **SUP. MOLINA, CHAIR:** SUPERVISOR KNABE.

18

19 **SUP. KNABE:** TODAY WITH US IS LOLITA JOHNSON, WHO IS 22 YEARS
20 OLD. SHE'S CURRENTLY ATTENDING MOUNT SAN ANTONIO COLLEGE. SHE
21 HAS BEEN IN FOSTER CARE SINCE THE AGE OF 3. HER GOAL IS TO
22 OBTAIN HER ASSOCIATE'S DEGREE IN CHILD DEVELOPMENT, THEN
23 TRANSFER TO CAL STATE FULLERTON WHERE SHE CAN FINISH HER
24 STUDIES WITH A LIBERAL ARTS DEGREE. LOLITA. [APPLAUSE]

25



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1 **SUP. KNABE:** ALSO WITH US TODAY IS DOBBIE NIM. DOBBIE IS 23
2 YEARS OLD AND CURRENTLY ENROLLED AT LONG BEACH CITY COLLEGE.
3 DOBBIE WAS EMANCIPATED FROM FOSTER CARE AND IS THE MOTHER OF A
4 THREE-YEAR-OLD DAUGHTER. DOBBIE PLANS TO TRANSFER TO CAL STATE
5 LONG BEACH AND OBTAIN HER BACHELOR'S DEGREE IN CRIMINAL
6 JUSTICE. HER CAREER GOAL IS TO BECOME A CRIMINAL LAWYER AND
7 YOU JUST SAW A PRESENTATION EARLIER OF SOMEONE WHO HAS WORKED
8 VERY HARD AS WELL, TOO. SO, DOBBIE, WE CONGRATULATE YOU AND
9 WISH YOU THE VERY, VERY BEST. [APPLAUSE]

10

11 **SUP. KNABE:** WE HAD A COUPLE OF OTHER AWARD PRESENTATIONS.
12 THEY'RE NOT WITH US TODAY BUT VERONICA CHEESEMAN IS 17 YEARS
13 OLD. SHE RECEIVED HER G.E.D. AT JOSEPH SCOTT ACADEMY. SHE
14 TAUGHT ENGLISH TO THE CHILDREN WITH LEARNING DISABILITIES AND
15 BALLET TO YOUNG CHILDREN. SHE PLANS TO ATTEND A COMMUNITY
16 COLLEGE AND THEN TRANSFER TO A UNIVERSITY. HER LIFELONG DREAM
17 IS TO BECOME A TEACHER. SO WE WISH VERONICA AS WELL, TOO. AND
18 ALSO MELINDA RAMIREZ IS 18 YEARS OLD, RECENTLY RECEIVED HER
19 G.E.D. FROM THE JOSEPH SCOTT ACADEMY. SHE GREW UP ON CATALINA
20 ISLAND AND WILL BE THE FIRST PERSON IN HER FAMILY TO GO TO
21 COLLEGE. SHE'S PLANNING TO STUDY NURSING AT LONG BEACH CITY
22 COLLEGE AND HER CAREER GOAL IS TO BECOME A PEDIATRIC NURSE. SO
23 WE WANT TO CONGRATULATE THEM AND THANK THEM ALL. SO LET'S GIVE
24 THEM A ROUND OF APPLAUSE. THANK YOU. [APPLAUSE]

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. KNABE:** GROUP PICTURE. GROUP PHOTO, GROUP PHOTO.

2

3 **SUP. MOLINA, CHAIR:** SUPERVISOR YAROSLAVSKY.

4

5 **SUP. YAROSLAVSKY:** THANK YOU, MADAM CHAIR. FIRST OF ALL, I WANT
6 TO MAKE THIS PRESENTATION TO KAREN GARCIA. KAREN IS AWARDED A
7 \$1,000 SUPPLEMENTAL EDUCATION SCHOLARSHIP AT A COLLEGE OF HER
8 CHOICE, TO BE ADMINISTERED BY THE COUNTY COMMISSION ON WOMEN.

9 [APPLAUSE]

10

11 **SUP. YAROSLAVSKY:** KAREN GOES TO PIERCE COLLEGE. SHE IS 18
12 YEARS OLD AND GRADUATED FROM TAFT HIGH SCHOOL IN WOODLAND
13 HILLS AND DOES VOLUNTEER AT WEST HILLS HOSPITAL, WORKS WITH
14 NURSES AND PATIENTS AND WANTS TO PURSUE A LIFELONG GOAL TO
15 BECOME A REGISTERED NURSE OR PEDIATRICIAN AND WE'LL HAVE A
16 SPOT FOR YOU HERE IN EITHER POSITION, SO WORK HARD AND WE'LL
17 HIRE YOU. NEXT IS MARY SAUL GARCIA... [CHEERS AND APPLAUSE]

18

19 **SUP. YAROSLAVSKY:** ...WHO, ASIDE FROM EVERYTHING ELSE, IS THE
20 MOST POPULAR PERSON HERE. [LAUGHTER]

21

22 **SUP. YAROSLAVSKY:** SHE IS 19 YEARS OLD AND IS ENROLLED AT SANTA
23 MONICA COLLEGE IN THE THIRD SUPERVISORIAL DISTRICT. HER PLAN
24 IS TO TRANSFER TO U.S.C. AND DOUBLE MAJOR IN BUSINESS
25 ADMINISTRATION AND PSYCHOLOGY. SHE RECENTLY ASSISTED THE



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1 WESTSIDE FOOD BANK IN PROVIDING TURKEY DINNERS TO LESS
2 FORTUNATE NEIGHBORS IN THE WESTSIDE AND HER LONG-TIME CAREER
3 GOAL IS TO FINISH GRADUATE SCHOOL AND BE A LAWYER FOR AN AUTO
4 CORPORATION. OKAY. [APPLAUSE]

5

6 **SUP. YAROSLAVSKY:** THANK YOU. NEXT IS MARILYN RAMOS, WHO IS
7 RECEIVING AN AWARD FROM THE L.A. COUNTY OFFICE OF EDUCATION
8 CAMP JOSEPH SCOTT ACADEMY. SHE'S 17 YEARS OLD, RECENTLY PASSED
9 HER G.E.D. EXAM. SHE WAS RECOMMENDED BY CAMP SCOTT, WHERE SHE
10 WAS RECOGNIZED AS A LEADER AND A GOOD EXAMPLE TO HER PEERS.
11 SHE PLANS TO STUDY MEDICINE IN THE COMMUNITY COLLEGE AND THEN
12 TRANSFER TO A FOUR-YEAR UNIVERSITY. SHE THEN PLANS TO ATTEND
13 MEDICAL SCHOOL AND PURSUE A CAREER AS A PHARMACIST. MARILYN
14 RAMOS IS RECEIVING A SCHOLARSHIP OF \$1,000 TO HELP IN HER
15 EDUCATION. CONGRATULATIONS, MARILYN. [APPLAUSE]

16

17 **SUP. YAROSLAVSKY:** THANK YOU VERY MUCH.

18

19 **SUP. MOLINA, CHAIR:** CONGRATULATIONS, LADIES. [APPLAUSE]

20

21 **SUP. MOLINA, CHAIR:** MS. BURKE, YOUR PRESENTATIONS. YOUR
22 PRESENTATIONS.

23

24 **SUP. BURKE:** I'D LIKE TO CALL REPRESENTATIVES OF THE KOREAN-
25 AMERICAN FOUNDATION OF SOUTHERN CALIFORNIA FORWARD. THANK YOU



**The Meeting Transcript of
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1 FOR BEING HERE. WE'LL LET THEM COME UP FIRST. KOREAN-AMERICAN
2 HISTORY BEGAN ON JANUARY 13TH, 1903 WHEN 103 MEN, WOMEN AND
3 CHILDREN ARRIVED IN HAWAII ON THE STEAMSHIP, GALLEG, FROM
4 KOREA IN PURSUIT OF THE AMERICAN DREAM. DESPITE FACING
5 ECONOMIC, SOCIAL AND LANGUAGE BARRIERS, THE NEW IMMIGRANTS AND
6 THEIR DESCENDANTS ESTABLISHED NEW HOMES AND BECAME PART OF THE
7 AMERICAN FABRIC. IN WORLD WAR II, KOREAN-AMERICANS SERVED IN
8 THE ARMED FORCES OF THE UNITED STATES. IN 1965, A NEW
9 IMMIGRATION ACT OPENED THE GATES TO A NEW WAVE OF IMMIGRANTS
10 FROM KOREA. SINCE THAT TIME, OTHER NEW ARRIVALS HAVE BROUGHT
11 THEIR DRIVE AND THEIR CAPITAL AND HAVE TURNED EMERGENT AREAS
12 INTO THRIVING AND RESPONSIBLE COMMUNITIES. LOS ANGELES COUNTY
13 IS NOW HOME TO THE LARGEST POPULATION OF KOREANS OUTSIDE OF
14 KOREA. MORE THAN ONE MILLION KOREAN-AMERICANS MAKE THEIR HOME
15 HERE AND TAKE PRIDE IN CONTRIBUTING THE WELLBEING OF THEIR NEW
16 HOME. I'VE BEEN ASKED TO ANNOUNCE THAT A COMMUNITYWIDE FREE
17 BARBECUE WILL BE HOSTED BY THE KOREAN-AMERICAN FOUNDATION BY
18 L.A. CITY COUNCIL, MARTIN LUDLOW AND NUMEROUS OTHER LOCATIONS
19 ON THURSDAY, JANUARY 13TH FROM 12 NOON TO THREE AT SOLES
20 INTERNATIONAL PARK, 3250 SAN MARINO STREET IN LOS ANGELES,
21 WHICH IS ACTUALLY ON EROLA BETWEEN OLYMPIC BOULEVARD AND SAN
22 MARINO. ON BEHALF OF THE SUPERVISORS, IT'S WITH GREAT PLEASURE
23 THAT I HEREBY PROCLAIM THE 13TH OF JANUARY 2005 KOREAN-
24 AMERICAN DAY THROUGHOUT THE COUNTY OF LOS ANGELES. [APPLAUSE
25]



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

STEVEN COAL: GOOD MORNING, MADAM CHAIR AND SUPERVISOR BURKE
AND ALL BOARD MEMBERS OF SUPERVISORS. JANUARY LAST YEAR, WE
KOREAN-AMERICANS RECEIVED A STATEWIDE UNANIMOUS RESOLUTION TO
HONOR, EVERY YEAR, JANUARY 13TH AS KOREAN-AMERICAN DAY, THE
DAY WHEN OUR FOREFATHERS ARRIVED AT THE GREATEST COUNTRY IN
THE WORLD, THE UNITED STATES OF AMERICA. TODAY, WE ARE HERE TO
EXPRESS OUR HEARTFELT GRATITUDE FOR ALL THE BOARD MEMBERS HERE
AND ALL THE PEOPLE IN THE COUNTY. WE KOREAN-AMERICANS ARE VERY
HAPPY AND PROUD TO BE GOOD CITIZENS OF A GREAT STATE-- I MEAN
CITY OF L.A. COUNTY UNDER YOUR EXCELLENT LEADERSHIP. WE
KOREAN-AMERICANS, WE WORK HARD NOT ONLY FOR OUR FAMILY BUT
ALSO SHARE OUR AMERICAN DREAMS AND ACCOMPLISHMENTS WITH EVERY
OTHER ETHNIC FRIENDS TO KEEP OUR NEW HOMELAND, THE UNITED
STATES OF AMERICA, AS THE BEST PLACE TO LIVE TOGETHER. WE
THANK YOU SO MUCH AGAIN FOR YOUR CONTINUED SUPPORT AND CARE
FOR OUR COMMUNITY.

18

SUP. BURKE: WOULD YOU PLEASE INTRODUCE EVERYONE THAT YOU HAVE
WITH YOU?

21

STEVEN COAL: OKAY. OKAY. MY NAME IS STEVEN COAL, PRESIDENT OF
KOREAN-AMERICAN FOUNDATION AND MR. MEEM IS OUR VICE-PRESIDENT,
MR. PARK IS OUR VICE-PRESIDENT OF THE FOUNDATION. MRS. LEE,
AND THEN OUR BOARD MEMBER. MADAM LEE IS OUR COORDINATOR. AND



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1 WE ARE VERY MUCH THANKFUL TO STAY HERE AND THIS TIME I WOULD
2 LIKE TO TAKE THE OPPORTUNITY TO EXPRESS OUR GRATITUDE WITH A
3 LITTLE TOKEN OF OUR APPRECIATION TO SUPERVISOR BURKE AND ALL
4 OF THE SUPERVISORS HERE.

5

6 **SUP. BURKE:** WE WOULD LIKE TO ASK ALL OF THE SUPERVISORS TO
7 JOIN... (OFF-MIKE). [APPLAUSE]

8

9 **SUP. BURKE:** THAT CONCLUDES MY PRESENTATIONS.

10

11 **SUP. MOLINA, CHAIR:** ALL RIGHT.

12

13 **SUP. BURKE:** THANK YOU VERY MUCH.

14

15 **SUP. MOLINA, CHAIR:** MR. ANTONOVICH, FINAL PRESENTATION?

16

17 **SUP. ANTONOVICH:** WE HAVE A LITTLE EIGHT-WEEK-OLD JACK RUSSELL
18 TERRIER MIX, FEMALE, NAMED TRIXIE, WHO IS LOOKING FOR A HOME.
19 THIS IS LITTLE TRIXIE, A LITTLE BLACK AND WHITE, WHO IS
20 LOOKING FOR A HOME.

21

22 **SUP. BURKE:** WHO GOT THE GOLDEN RETRIEVER?

23

24 **SUP. ANTONOVICH:** LIKE TO HAVE LITTLE TRIXIE?

25



**The Meeting Transcript of
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1 **SUP. BURKE:** GOLDEN LAB.

2

3 **SUP. ANTONOVICH:** ANYWAY, THIS IS LITTLE TRIxie WHO'S LOOKING
4 FOR A HOME, ANYBODY WOULD LIKE TO ADOPT HER. SHE'S EIGHT WEEKS
5 OLD, A LITTLE JACK RUSSELL TERRIER. YOU CAN CALL AREA CODE
6 (562) 728-4644 IF YOU'RE WATCHING AT HOME AND, IF YOU'RE IN
7 THE AUDIENCE, LITTLE TRIxie WOULD LOVE TO BE A-- PERMANENT IN
8 YOUR HOME. BE A GOOD WATCHDOG FOR YOU, BARTER.

9

10 **SUP. MOLINA, CHAIR:** ALL RIGHT. THANK YOU VERY MUCH, MR.
11 ANTONOVICH. MR. KNABE, YOU HAVE-- YOU'RE UP FIRST. DO YOU WANT
12 TO TAKE UP A COUPLE OF ITEMS BEFORE OUR 11:00 SPECIAL?

13

14 **SUP. KNABE:** SURE.

15

16 **SUP. MOLINA, CHAIR:** IF YOU HAVE ANY. I'D LIKE TO GET IT DONE
17 SO THEY CAN GET BACK TO WORK.

18

19 **SUP. KNABE:** YOU'RE COMBINING THE 2/7 WITH OUR SET ITEMS. IS
20 THAT CORRECT?

21

22 **SUP. MOLINA, CHAIR:** RIGHT.

23

24 **SUP. KNABE:** OKAY. ALL RIGHT.

25



**The Meeting Transcript of
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1 **SUP. MOLINA, CHAIR:** DO YOU HAVE ADJOURNMENTS?

2

3 **SUP. KNABE:** OH, YES. UNFORTUNATELY, YES. I THINK I'LL JUST DO
4 MY ADJOURNMENTS AND THEN ITEMS 3 AND 52. MADAM CHAIR, MEMBERS
5 OF THE BOARD, I MOVE THAT WE ADJOURN TODAY, AN ADJOURNMENT
6 THAT I THOUGHT I'D NEVER HAVE TO DO, BUT MY DEAR FRIEND,
7 GEORGE HARVEY. GEORGE AND I HAVE BEEN BEST FRIENDS FOR OVER 30
8 YEARS. HE PASSED AWAY ON FRIDAY, JANUARY 7TH, HE WAS 66 YEARS
9 OLD. GEORGE AND HIS WIFE, JOANN, HAVE, AS I SAID, BEEN BEST
10 FRIENDS TO JULIE AND I FOR OVER 30 YEARS. THEY WERE MARRIED AT
11 A VERY YOUNG AGE AND HAD BEEN IN THE PROCESS OF CELEBRATING
12 THEIR 48TH WEDDING ANNIVERSARY. GEORGE WAS THE FORMER WESTERN
13 DIRECTOR OF THE F.A.A. AND WORKED ON THE FIRST AIRPLANE
14 TRACKING SYSTEM FOR THE F.A.A., WHICH NOW SITS IN THE
15 SMITHSONIAN MUSEUM. HE INSTITUTED MANY OF THE AIR TRAFFIC
16 SAFETY STANDARDS THAT ARE IN PLACE TODAY. HE HAD A PASSION FOR
17 LIFE, A GREAT SENSE OF HUMOR AND A LOVE FOR SAILING. GEORGE
18 WAS A LOVING DAD, GRANDPA AND A GREAT-GRANDPA. HE LIVED EVERY
19 DAY TO THE FULLEST AND WILL BE SORELY MISSED BY FAMILY AND
20 FRIENDS. HE IS SURVIVED BY HIS WIFE, JOANN, DAUGHTER, TAMMY,
21 SON, RICHEY, GRANDCHILDREN, RYAN AND JONATHAN, AND GREAT
22 GRANDCHILD, KENNEDY. HE WILL BE MISSED. ALSO THAT WE ADJOURN
23 IN MEMORY OF MR. CHARLES BAYER, FATHER-IN-LAW OF LYNN BAYER,
24 FORMER DIRECTOR OF OUR DEPARTMENT OF PUBLIC AND SOCIAL
25 SERVICES WHO PASSED AWAY PEACEFULLY AT HOME LAST WEEK. HE WAS



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1 92 YEARS OLD. HE'S SURVIVED BY HIS WIFE OF 61 YEARS, LILLIAN,
2 HIS DAUGHTER, NANCY, SONS, HOWARD AND DAVID AND GRANDCHILDREN,
3 SAM AND SHARI. ALSO THAT WE ADJOURN IN MEMORY OF BARBARA
4 CARBERRY, WHO PASSED AWAY PEACEFULLY AT HER HOME IN RANCHO
5 PALOS VERDES. SHE'S SURVIVED BY HER SON, JOHN, HIS WIFE, GAIL,
6 AND TWO BROTHERS, FRANK AND GEORGE. ALSO THAT WE ADJOURN IN
7 MEMORY OF CHARLES ROBERT HAAG, A 40-YEAR EMPLOYEE AT EL CAMINO
8 COLLEGE, A TEACHER OF MUSIC HISTORY AND ASSISTANT TO THE
9 PRESIDENT. HE WAS A RENOWNED PIANIST AND RECEIVED HIS
10 DOCTORATE IN MUSIC FROM UCLA. HE PLAYED AN ANNUAL RECITAL ON
11 CAMPUS TO RAISE MONEY FOR THE MUSIC DEPARTMENT AT EL CAMINO.
12 HE WAS A 50 YEAR RESIDENT OF TORRANCE. ALSO, THAT WE ADJOURN
13 IN MEMORY OF MARIE ROUSE, LONG- TIME RESIDENT OF
14 UNINCORPORATED WHITTIER, WHERE SHE WAS VERY, VERY ACTIVE. SHE
15 IS A LOVING WIFE AND MOTHER AND WILL BE GREATLY MISSED. SHE IS
16 SURVIVED BY HER TWO SONS, KANIELLE AND MATTHIAS, AND HER
17 BROTHER, BUTCH. ALSO THAT WE ADJOURN IN MEMORY OF MAGDALENA
18 TAPIA. SHE WAS BORN IN MEXICO. SHE PASSED AWAY IN DOWNEY AT
19 THE AGE OF 89. HER PARENTS' DESIRE FOR HER TO HAVE AN
20 EDUCATION LED THEM TO UNITED STATES. SHE WAS MARRIED TO THE
21 LATE AMANDO BERNAL TAPIA AND IS SURVIVED BY HER FIVE CHILDREN,
22 ROBERT, RICHARD, ANNA, REBECCA, STEPHEN, AS WELL AS NINE
23 GRANDCHILDREN. THOSE ARE MY ADJOURNMENTS, MADAM CHAIR.
24



**The Meeting Transcript of
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1 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS. MR.
2 ANTONOVICH, DO YOU WANT TO DO YOUR ADJOURNMENTS ONLY AT THIS
3 POINT?

4

5 **SUP. ANTONOVICH:** LET ME ASK TO INTRODUCE ONE MOTION RELATIVE
6 TO THE STATE OF EMERGENCY. THAT'S JUST A FORMALITY THAT,
7 BEGINNING IN THE FIRST WEEK OF JANUARY, THE WINTER RAINSTORMS
8 CAUSED CONDITIONS OF EXTREME PERIL TO THE SAFETY OF PERSONS
9 AND PROPERTY AND CITIES IN UNINCORPORATED AREAS OF L.A.
10 COUNTY, IN PARTICULAR SANTA CLARITA, ANTELOPE VALLEY AND SAN
11 DIMAS AREAS. THE TOTAL DAMAGES HAVE YET TO BE CONFIRMED BUT WE
12 HAVE SUFFERED FATALITIES, MUDSLIDES, FLOODING AND ROAD DAMAGES
13 AND CLOSURES AND DAMAGE TO BOTH PUBLIC AND PRIVATE PROPERTY.
14 ON JANUARY 10TH, PURSUANT TO CHAPTER 2.68 OF THE L.A. CODE,
15 THE EXISTENCE OF A LOCAL EMERGENCY WAS PROCLAIMED AS A RESULT
16 OF THE WINTER RAINSTORMS. IT IS NOW APPROPRIATE FOR THE BOARD
17 TO RATIFY THE PROCLAMATION. THE NEED FOR THIS ACTION IS
18 SUBSEQUENT TO THE POSTING OF TODAY'S AGENDA AND I MOVE THAT
19 THE BOARD DETERMINE, PURSUANT TO GOVERNMENT SECTION CODE
20 54954.2, V. 2, THAT THE NEED TO TAKE ACTION AROSE SUBSEQUENT
21 TO THE POST OF THE AGENDA FOR TODAY'S BOARD MEETING AND ADOPT
22 THE ATTACHED PROCLAMATION WHICH RATIFIES THE EXISTENCE OF A
23 LOCAL EMERGENCY.

24



**The Meeting Transcript of
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1 **SUP. MOLINA, CHAIR:** VERY GOOD. WE'RE GOING TO HAVE A REPORT ON
2 THAT IN AWHILE. I WAS GOING TO ASK PUBLIC WORKS TO COME UP AND
3 JOIN US. WHY DON'T WE HOLD OFF ON THAT UNTIL THEY CAN COME UP?
4 LET'S JUST DO OUR ADJOURNMENTS NOW BECAUSE WE WANT TO GET THE
5 NAVIGANT ISSUE COMPLETED SO THEY CAN GET BACK TO WORK.

6

7 **SUP. ANTONOVICH:** THAT'LL BE THE MOTION WE'LL PUT ON THE TABLE.
8 FIRST I'D LIKE TO MOVE WE ADJOURN IN MEMORY OF JIM ROBERT
9 DAVIDSON, WHO PASSED AWAY AT THE AGE OF 86. HE WAS A RETIRED
10 40-YEAR EMPLOYEE OF FOREST LAWN'S MEMORIAL PARKS AND
11 MORTUARIES, AFTER WHICH HE RETIRED AS VICE-PRESIDENT OF
12 HORTICULTURE. HE WAS ALSO VERY ACTIVE WITH THE FOLLOWING
13 ASSOCIATIONS: TURF GRASS ASSOCIATION, WHERE HE SERVED AS
14 PRESIDENT, THE ROSE FLOAT ASSOCIATION IN GLENDALE, THE
15 AMERICAN RED CROSS AND THE GLENDALE CHAMBER OF COMMERCE. HE
16 LEAVES HIS WIFE, JOHNNIE. AND BOB, AS HE WENT BY, HIS NAME WAS
17 QUITE INVOLVED IN THE COMMUNITY IN ALL FACETS. THEY WERE
18 REALLY PILLARS OF OUR COMMUNITY AND WE APPRECIATED HIS
19 LEADERSHIP AND HE WAS A GOOD FRIEND. WILLIAM CONVERSE JONES
20 PASSED AWAY. HE WAS-- HAD HIS OWN ADVERTISING AGENCY FROM THE
21 SOUTH PASADENA AREA. HE WAS ALSO INVOLVED IN THE COMMUNITY BY
22 PUBLISHING A LITTLE MONTHLY NEWSLETTER ON BIBLICAL STANDARDS
23 AND ETHICS AND VALUES AND HE WAS A STUDENT AND COOKER OF THE
24 BUSINESS WORLD. HE LEAVES HIS WIFE, BARBARA. HENRIETTA ANTINE,
25 WHO WAS ACTIVE IN THE NORTH HOLLYWOOD REPUBLICAN WOMEN'S CLUB,



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1 TREASURER OF THE NAVY LEAGUE, TOYS-4-TOTS, PACIFIC LODGE BOYS
2 CLUB, B-17 COMBAT AND CREW ORGANIZATION, AIR FORCE ASSOCIATION
3 AND ST. JUDE'S CHILDREN'S HOSPITAL AND SHE PASSED AWAY. AND I
4 WOULD LIKE TO MOVE THAT WE ALSO ADJOURN IN MEMORY OF BARBARA
5 ANN HOWARTH. SHE WAS A 25-YEAR TEACHER AT THE DUNSMORE
6 ELEMENTARY SCHOOL AND ALSO CO-FOUNDER AND OWNER OF ACCURATE
7 DIAL AND NAME PLATE IN GLENDALE. WILLIAM WALTER GUSTAFSON. HE
8 HAD SERVED ON THE BOARD OF DIRECTORS OF FIVE ACRES FROM 1985
9 TO 1991, ACTIVE MEMBER OF THE PASADENA ROTARY CLUB AND WAS A
10 GRADUATE OF THE UNITED STATES MILITARY ACADEMY AT WEST POINT,
11 WHERE HE PLAYED ON THE '46 AND '47 FOOTBALL TEAMS THAT WERE
12 PART OF THE LONGEST UNBEATEN STREAK IN MAJOR LEAGUE-- MAJOR
13 COLLEGE FOOTBALL. DORIS HANE WALTERS GREIG. SHE WAS THE
14 FOUNDER AND AUTHOR OF "JOY OF LIVING BIBLE STUDIES," AUTHOR OF
15 "WE DIDN'T KNOW THEY WERE ANGELS" AND SHE LEAVES HER HUSBAND,
16 BILL, AND SHE WAS A GRADUATE OF SOUTH DAKOTA STATE UNIVERSITY
17 AND QUITE ACTIVE IN THE COMMUNITY. HELEN BELL. SHE SERVED AS A
18 CUB SCOUT DEN MOTHER, GIRL SCOUT LEADER, P.T.A. CHAIRMAN AND
19 MEMBER OF THE BURBANK CHAMBER AND WAS ACTIVE IN THE COMMUNITY.
20 ANGELA TURBOVICH FROM GRENADA HILLS. SHE WAS 90 YEARS OLD. SHE
21 WAS A LIFE MEMBER OF THE SAINT STEVEN'S CATHEDRAL AND MEMBER
22 OF THE CHOIR. PATRICIA BURT, WHO WAS AN EMPLOYEE WITH THE LOS
23 ANGELES COUNTY SHERIFF'S DEPARTMENT. SHE PASSED AWAY AT THE
24 AGE OF 16. [62] HER LAST DAY OF SERVICE WAS THIS YEAR, JANUARY
25 7TH, 2005. AND BERNARD GELSON. HE AND HIS BROTHER, GENE, WERE



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1 THE FOUNDERS OF GELSON'S MARKET, WHICH ARE ALL OVER AND WE
2 HAVE A VERY SUCCESSFUL ONE IN PASADENA THAT HAS BEEN THERE FOR
3 DECADES. SO THOSE ARE MY ADJOURNMENTS, MADAM CHAIR.

4

5 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS. I HAVE
6 TWO ADJOURNMENTS. I'D LIKE TO ASK THAT WE ADJOURN IN THE
7 MEMORY OF ESPERANZA GIL. SHE'S THE BELOVED MOTHER OF MERCEDES
8 GIL, WHO WAS ONE OF MY FORMER SECRETARIES WHEN I WAS IN THE
9 LEGISLATURE AND WE WANT TO EXTEND OUR DEEPEST CONDOLENCES TO
10 MERCEDES AND HER ENTIRE FAMILY. I'D ALSO ASK THAT WE ADJOURN
11 TODAY IN MEMORY OF BLANCHE BURNS- SUTHERLAND, WHO RECENTLY
12 PASSED AWAY. WE WANT TO EXTEND OUR DEEPEST CONDOLENCES TO HER
13 ENTIRE FAMILY. MS. BURKE, DO YOU WANT TO DO JUST YOUR
14 ADJOURNMENTS?

15

16 **SUP. BURKE:** I MOVE THAT, WHEN WE ADJOURN TODAY, WE ADJOURN IN
17 MEMORY OF MARION BOHLKE, THE MOTHER OF MY ASSISTANT CHIEF
18 DEPUTY, MIKE BOHLKE, WHO PASSED AWAY ON JANUARY 5TH.

19

20 **SUP. KNABE:** I'D LIKE TO BE ON THAT.

21

22 **SUP. ANTONOVICH:** YEAH, ALL MEMBERS.

23

24 **SUP. BURKE:** AFTER A SIX-MONTH ILLNESS. SHE WAS A RESIDENT OF
25 THE CITY OF TORRANCE AND 50-YEAR RESIDENT OF THE COUNTY OF LOS



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1 ANGELES. SHE WAS ACTIVE IN ST. JOHN EVANGELIST, HYDE PARK
2 MOTHER'S CLUB AND DANIEL FREEMAN HOSPITAL WOMEN'S AUXILIARY.
3 LATER, SHE WAS ACTIVE IN THE TORRANCE AREA AT YOUTH BAND AND
4 CHAIR OF THE TORRANCE HIGH BAND UNIFORM COMMITTEE. MARION
5 LIVED A LONG AND FRUITFUL LIFE AND HER LOVING FAMILY WILL MISS
6 HER. SHE'S SURVIVED BY HER LOVING HUSBAND OF 64 YEARS, PAUL,
7 HER DAUGHTER, MARGARET, AND THREE SONS, JOHN, MICHAEL AND
8 JAMES BOHLKE AND GRANDDAUGHTER, RENNER. AND LOUISE "GRANNY"
9 NOWELL, WHO PASSED AWAY DECEMBER 27TH, 2004. GRANNY NOWELL
10 MOVED TO COMPTON IN 1954 WITH HER HUSBAND, PAUL, WHO PRECEDED
11 HER IN DEATH IN 1984. SHE WAS A MEMBER OF ZION BAPTIST
12 EVANGELISTIC TEMPLE. GRANNY NOWELL IS SURVIVED BY DAUGHTERS
13 PAULA KNOLL, IRVIN, NANCY PRICE AND CAROLYN WHITFIELD, HER
14 SPECIAL NEPHEW AND NIECE-IN LAW, HERBERT AND VICTORIA LANE,
15 FIVE GRANDCHILDREN, SIX GREAT- GRANDCHILDREN, ONE GODDAUGHTER,
16 SEVERAL ADOPTED DAUGHTERS AND A HOST OF RELATIVES AND FRIENDS
17 ON BOTH THE EAST AND WEST COAST. LEO SURRETT, A RESIDENT OF
18 THE SECOND DISTRICT FOR 40 YEARS. HE'S SURVIVED BY HIS LOVING
19 WIFE, GEORGIA, AND THREE CHILDREN, KAREN SURRETT, LEO
20 FITZGERALD SURRETT AND MARGUERITE SURRETT. HE IS THE LOVING
21 UNCLE OF KATHY SURRETT. AND BARBARA CLAYTON, A PRAISE ANGEL AT
22 PUNWEL MISSIONARY BAPTIST CHURCH, LONG-TIME ACTIVIST OF THE
23 SECOND DISTRICT, WHO PASSED AWAY LAST NIGHT AFTER A LENGTHY
24 ILLNESS. SHE'S SURVIVED BY HER HUSBAND, ODELL CLAYTON, HER
25 DAUGHTER, TOMIKA BAPTISTE, HER SON, O.J. CLAYTON AND HER



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1 MOTHER, MARY WARE. AND FLORENCE JACKSON, AN ATTORNEY AND LONG-
2 TIME RESIDENT OF LOS ANGELES COUNTY, ACTIVE IN MANY
3 ORGANIZATIONS AND CIVIC ASSOCIATIONS. SHE'S SURVIVED BY HER
4 SON, GREGORY NUKES AND HER SON, STEPHEN NUKES AND TWO
5 GRANDDAUGHTERS.

6

7 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS. MR.
8 YAROSLAVSKY, DO YOU HAVE ANY ADJOURNMENTS?

9

10 **SUP. YAROSLAVSKY:** I DO. I'D LIKE TO ASK THAT WE ADJOURN IN
11 MEMORY OF LAWRENCE LEDESMA, WHO WAS A LONG-TIME RESIDENT OF
12 THE COUNTY WHO RECENTLY DIED AT THE AGE OF 76, SURVIVED BY HIS
13 SON, LAWRENCE, JR., DAUGHTER, GLADYS, AND TWO GRANDDAUGHTERS,
14 SYDNEY AND ANYA. AND SECOND ADJOURNING MOTION IS FOR DONALD
15 GEORGE MCMANUS, SENIOR. RESIDENT OF RESEDA AND A RETIRED
16 SHERIFF'S DEPUTY FOR THE COUNTY OF LOS ANGELES WHO RECENTLY
17 DIED AT THE AGE OF 74. HE IS SURVIVED BY HIS WIFE, BARBARA,
18 FIVE CHILDREN, 17 GRANDCHILDREN AND FOUR GREAT- GRANDCHILDREN.
19 AND HE WAS ONLY 74. AND LAST, ASK THAT WE ADJOURN IN MEMORY OF
20 DOROTHY EILEEN YELLIN, LONG-TIME RESIDENT OF OUR DISTRICT AND
21 OF MY NEIGHBORHOOD, ACTIVE IN THE COMMUNITY IN VARIOUS
22 PHILANTHROPIC ENDEAVORS, WHO PASSED AWAY AT THE AGE OF 92. SHE
23 IS SURVIVED BY HER TWO SONS, ALBERT AND MARK, WAS PRECEDED IN
24 DEATH BY HER THIRD SON, IRA, SIX GRANDCHILDREN, IAN, MIA,
25 JESSICA, SETH, RACHELLE, AND AARON, AND TWO SISTERS, MINA AND



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1 PEARL AND TWO BROTHERS, EUGENE AND LEO AND MANY OTHER FRIENDS
2 AND FAMILY MEMBERS. AND THOSE ARE MY THREE ADJOURNING MOTIONS.

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO ORDERED ON THOSE
5 ADJOURNMENTS. NEXT, WE'RE GOING TO HAVE, DO S-1, WHICH IS A
6 PRESENTATION BY NAVIGANT CONSULTING. NOW, THIS IS ON THE ISSUE
7 THAT WAS SOMEWHAT DISCUSSED LAST WEEK BUT THIS IS THE 60-DAY
8 ASSESSMENT, AS PROMISED, BY NAVIGANT AND SO I'M GOING TO ASK
9 THE NAVIGANT TEAM IF THEY'D JOIN US. I THINK DR. GARTHWAITE IS
10 HERE AS WELL. SO I'M GOING TO ALLOW THEM TO MAKE THE
11 PRESENTATION. WE'RE CONNECTING ALL OF THE OTHER ITEMS TO IT,
12 WHICH IS ITEM 2, ITEM NUMBER 7, BOTH OF THOSE. ALL RIGHT. AND
13 WE'LL ASK QUESTIONS, WE'LL ALLOW THEM TO MAKE A PRESENTATION
14 INITIALLY AND THEN WE'LL ASK QUESTIONS. YES.

15

16 **KAE ROBERTSON:** SHOULD I GO AHEAD AND START?

17

18 **SUP. MOLINA, CHAIR:** PLEASE, MS. ROBERTSON, GO AHEAD.

19

20 **KAE ROBERTSON:** KAE ROBERTSON FROM NAVIGANT CONSULTING AND
21 PROVIDING THE REPORT ON THE INITIAL ASSESSMENT OF MARTIN
22 LUTHER KING HOSPITAL. JUST SOME BACKGROUND. THIS IS THE
23 INITIAL ASSESSMENT OF PERFORMANCE IMPROVEMENT OPPORTUNITIES AT
24 MARTIN LUTHER KING. THE CONCLUSION AND FINAL ASSESSMENT OF ALL
25 OF AMBULATORY SERVICES, GOVERNANCE AND PROGRAMS AND SERVICES



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1 WILL BE COMPLETED BY FEBRUARY 1ST. AND I WANT TO ALSO ADD
2 THAT, DESPITE MANY DEFICIENCIES AND CORRECTIVE ACTIONS WHICH
3 ARE LISTED IN THE INITIAL ASSESSMENT, THERE ARE DEPARTMENTS
4 THAT SUBSTANTIALLY MEET ALL REGULATORY REQUIREMENTS AND
5 PROVIDE QUALITY PATIENT CARE. THERE ARE A NUMBER OF STRENGTHS
6 CULTURALLY SUCH AS EMPLOYEE AND PHYSICIAN PRIDE IN THE
7 HOSPITAL, THE LONG-TERM EMPLOYEES COMMITMENT AND LOYALTY,
8 SUPPORT OF THE MISSION TO PROVIDE COMPREHENSIVE MEDICAL CARE
9 TO THE COMMUNITY, MEDICAL SCHOOL AFFILIATIONS, DIVERSITY OF
10 THE WORKFORCE AND COMMUNITY SUPPORT. THE ENTIRE ASSESSMENT IS
11 AVAILABLE ONLINE AT LADHS.ORG BUT I WOULD LIKE TO PROVIDE A
12 FEW HIGHLIGHTS OF THE ASSESSMENT TODAY. THERE ARE
13 APPROXIMATELY A THOUSAND RECOMMENDATIONS IN THE INITIAL
14 ASSESSMENT. 25% OF THE RECOMMENDATIONS RELATE TO PATIENT
15 SAFETY AND ARE URGENT IN NATURE AND THESE IMPROVEMENTS ARE
16 UNDERWAY. THE MAJORITY OF RECOMMENDATIONS ARE WITHIN THE
17 NORMAL AUTHORITY OF THE HOSPITAL AND D.H.S. AND WE'VE ALREADY
18 BEGUN A PROCESS OF SORTING THROUGH IMPLEMENTATION OF THOSE.
19 AND ONCE THE ASSESSMENT IS COMPLETED ON FEBRUARY 1ST, THERE
20 ARE RECOMMENDATIONS WHICH I'M SURE WILL REQUIRE BOARD OF
21 SUPERVISORS' SUPPORT AND APPROVAL AND ACTION AND WE WILL
22 IDENTIFY THOSE IN OUR REPORT ON FEBRUARY 1ST AND HAVE ABOUT A
23 30-DAY PERIOD FOR WORKING THROUGH THOSE REQUIREMENTS. ANY PLAN
24 LIKE THIS WITH THIS NUMBER OF RECOMMENDATIONS WILL REQUIRE
25 EXTENSIVE MEASUREMENT AND MONITORING TO MAKE SURE THAT WE ARE



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1 ON PROGRESS. TWO COMPONENTS FOR THE MONITORING PROCESS WILL BE
2 IN PLACE. FIRST, IS THE PLAN BEING IMPLEMENTED ON TIME? AND,
3 SECONDLY, IS A PLAN MAKING THE CLINICAL IMPROVEMENT NEEDED?
4 FOR THE FIRST PART, WE WILL BE HAVING DETAILED ACTION PLANS
5 WITH CONCRETE STEPS, DUE DATES AND ACCOUNTABLE PERSONS
6 IDENTIFIED AND THAT WILL BE IN THE FEBRUARY REPORT. IN TERMS
7 OF THE SECOND COMPONENT, THERE WILL BE PERFORMANCE MEASURES
8 WHICH WILL BE TRACKED AND REPORTED REGULARLY. AND, LASTLY,
9 THERE WILL BE PERIODIC REEVALUATION AND REVISION TO THE PLAN,
10 MEASUREMENT AND PROGRESS REPORTS WILL BE PROVIDED REGULARLY,
11 BOTH TO THE BOARD OF SUPERVISORS, D.H.S. REGULATORS AND THE
12 PUBLIC, AND WE ARE ALSO PROVIDING A FULL REPORT TO C.M.S.
13 EVERY TWO MONTHS. THERE ARE SOME CRITICAL SUCCESS FACTORS IN
14 TERMS OF MAKING THIS PLAN WORK. IT IS COMPREHENSIVE AND
15 DOABLE. WE BELIEVE IT WILL PROVIDE THE CLINICAL TURNAROUND
16 NEEDED AT M.L.K. THIS YEAR BUT TO CREATE THE CULTURAL AND
17 SUSTAINING CHANGES WILL TAKE LONGER. AND THE SUCCESS OF THE
18 PLAN IS DEPENDENT UPON SOME FACTORS FOR WHICH WE'RE ASKING
19 EVERYONE'S COMMITMENT. THOSE INCLUDE OWNERSHIP BY ALL PARTIES
20 OF THE PLAN AND COMMITMENT TO ITS SUCCESS, REAL GOVERNANCE,
21 VISIBLE LEADERSHIP, PARTNERSHIP WITH C.M.S., J.C.A.H.O. AND
22 THE REGULATORS IN FINDING SOLUTIONS, A DISCIPLINED ATTENTION
23 TO DETAIL MENTALITY AND IMPLEMENTATION, DEFINED INDIVIDUAL
24 ROLES AND ACCOUNTABILITY IN M.L.K., SUFFICIENT, CAPABLE
25 RESOURCES, SUFFICIENT TIME, AND DEFINITION AND COMMITMENT TO



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1 THE MISSION AND VISION OF M.L.K. LASTLY, THERE WILL NEED TO BE
2 LOTS OF COMMUNICATION, BOTH INSIDE THE ORGANIZATION AND
3 THROUGHOUT THE COMMUNITY. IN TERMS OF CULTURE, OUR FINDINGS
4 INDICATE THAT MARTIN LUTHER KING HAS A CULTURE OF EXCUSES AND
5 BLAMING. THERE IS NOT VISIBLE LEADERSHIP THAT ARE APPROACHABLE
6 AND THERE HASN'T BEEN LEADERSHIP DEVELOPMENT OR LEADERSHIP BY
7 EXAMPLE. AND SOME H.R. PRACTICES, AS THEY RELATE TO SERVICE
8 EXCELLENCE AND COMMUNICATION, NEED TO BE IMPROVED. THERE NEEDS
9 TO BE A RE-DEDICATION TO THE STATED MISSION AND VISION OF
10 MARTIN LUTHER KING HOSPITAL. IN TERMS OF GOVERNANCE, THIS WILL
11 BE MORE COMPLETE IN OUR FEBRUARY 1 REPORT BUT THE GOVERNANCE
12 FUNCTION AT M.L.K. IS INCONSISTENTLY EXERCISED AMONG THE
13 CURRENT BODIES CHARGED WITH THIS RESPONSIBILITY AND, MORE
14 IMPORTANTLY, THOSE BODIES DON'T GET COMPLETE DATA REPORTING OR
15 MANAGEMENT INFORMATION TO BE ABLE TO EXERCISE KNOWLEDGEABLE
16 GOVERNANCE. HEALTHCARE HAS REALLY BECOME VERY COMPLEX AND
17 DYNAMIC. INDUSTRY EXPERTISE IS REQUIRED TO ABSORB AND LEVERAGE
18 THE INFORMATION THAT GOVERNANCE NEEDS TO MAKE JUDGMENTS ON
19 ISSUES. WE'RE RECOMMENDING THAT, AT A MINIMUM AND IMMEDIATELY,
20 A SEPARATE, INDEPENDENT, KNOWLEDGEABLE HOSPITAL BOARD OF
21 DIRECTORS BE APPOINTED FOR MARTIN LUTHER KING. IT'S IMPORTANT
22 THAT THOSE INDIVIDUALS NOT BE PART OF A POLITICAL APPOINTMENT
23 PROCESS. THEY'RE VOLUNTEERS WHO WOULD BE SELECTED BASED ON KEY
24 COMPETENCIES, SUCH AS THEIR UNDERSTANDING OF HOSPITAL BUSINESS
25 PROCESSES AND CLINICAL CARE AND THEIR ABILITY TO UNDERSTAND



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1 THE HEALTHCARE LANDSCAPE. THE BOARD OF DIRECTORS WOULD HAVE
2 STANDING COMMITTEES IN SUCH AREAS AS EXECUTIVE, QUALITY AND
3 PROFESSIONAL FAIRS AND PROGRAM AND CAPITAL PLANNING. AND THE
4 BOARD OF DIRECTORS SHOULD BE SMALL ENOUGH TO BE ENGAGED AND
5 EFFECTIVE. AND, AS WITH ALL BOARD OF DIRECTORS TODAY, THERE
6 NEEDS TO BE A CODE OF CONDUCT AND A CONFLICT OF INTEREST
7 POLICY. IF FEASIBLE, AND WE'LL DISCUSS THIS MORE IN OUR
8 FEBRUARY ONE REPORT, WE RECOMMEND THE EVALUATION OF A SEPARATE
9 HOSPITAL AUTHORITY FOR L.A. COUNTY BE CONSIDERED AT SOME
10 POINT. WE'RE ALSO RECOMMENDING A COMMUNITY ADVISORY BOARD FOR
11 MARTIN LUTHER KING HOSPITAL SHOULD BE DEVELOPED AND CONVENED
12 AT LEAST QUARTERLY. IN TERMS OF MANAGEMENT, WE'VE PROPOSED A
13 NEW ORGANIZATIONAL STRUCTURE, THE PURPOSE OF WHICH IS TO
14 REDUCE THE SPAN OF CONTROL FOR KEY AREAS AND PROVIDE MORE
15 SENIOR OVERSIGHT AND SUPPORT FOR STAFF, AND PARTICULARLY THOSE
16 AREAS THAT WILL BE RESPONSIBLE FOR SIGNIFICANT CHANGES WHICH
17 NEED TO OCCUR AT A FAST PACE. THERE'S NO PRODUCTIVITY
18 MONITORING SYSTEM. THERE NEEDS TO BE MANAGEMENT TRAINING AND
19 DEVELOPMENT. AND THERE NEEDS TO BE REGULAR, LIVE INTERACTIVE
20 COMMUNICATION WITH STAFF. THE NEXT AREA IS PROGRAMS AND
21 SERVICES. THIS WILL ALSO BE COMPLETE IN THE FEBRUARY 1 REPORT
22 BUT IT'S CLEAR, FROM OUR INITIAL COMMUNITY ASSESSMENT, THAT
23 THE HEALTH STATUS OF THE POPULATION THAT MARTIN LUTHER KING
24 SERVES IS SERIOUSLY COMPROMISED AND A NUMBER OF PRIMARY CARE
25 NEEDS WILL NEED TO BE ADDRESSED. ADDITIONALLY, AT THE MOMENT,



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1 THE P.I.C.U. AND N.I.C.U. ARE NOT CURRENTLY SERVING AT THE
2 LEVEL THEY'RE SET TO BE AND WE ARE SUGGESTING SOME
3 DOWNGRADING...

4

5 **SUP. YAROSLAVSKY:** COULD YOU JUST SPELL THAT OUT?

6

7 **KAE ROBERTSON:** PEDIATRIC INTENSIVE CARE UNIT AND NEONATAL
8 INTENSIVE CARE UNIT. IN TERMS OF REGULATORY AND QUALITY
9 IMPROVEMENT, MARTIN LUTHER KING HAS BEEN SURVEYED AND
10 INSPECTED BY REGULATORY AND ACCREDITING BODIES ALMOST MONTHLY
11 OVER THE PAST 12 MONTHS. THEY'VE GOTTEN INTO A REACTIONARY
12 RATHER THAN A PROACTIVE MODE. THEY'VE COMMITTED TO
13 IMPLEMENTING VOLUMES OF CORRECTIVE ACTIONS WITH THE REGULATORS
14 WITHOUT THE ACCOUNTABILITY OR TRACKING MECHANISMS. AND
15 PREVIOUSLY SUBMITTED PLANS OF CORRECTIONS HAVE NOT FULLY
16 ADDRESSED THE DEFICIENCIES. AS A RESULT, THE LEADERSHIP
17 COMMITTEE STRUCTURE AND TRACKING SYSTEM NEED TO BE COMPLETELY
18 REVISED AND BOTH A REGULATORY READINESS AND QUALITY
19 IMPROVEMENT COMMITTEE ARE BEING RECOMMENDED. EXECUTIVE
20 OVERSIGHT OF THE QUALITY OF CARE AND COMPLIANCE WITH
21 REGULATORY ACCREDITATION NEEDS TO BE IMPROVED AT BOTH THE
22 SENIOR MANAGEMENT AND GOVERNANCE LEVEL. AND PATIENT
23 SATISFACTION HAS NOT BEEN MEASURED SINCE THE FIRST QUARTER OF
24 2003 AND NEEDS TO BE REINSTITUTED. FOR THE MEDICAL STAFF,
25 THERE'S BEEN A LACK OF ACCOUNTABILITY OF DEPARTMENT CHAIRS FOR



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1 INDIVIDUAL AND COLLECTIVE PHYSICIAN PERFORMANCE. AND THE
2 FOCUSED USE OF EXTERNAL REVIEWERS FOR QUALITY AND PEER REVIEW
3 IS BEING RECOMMENDED. THE CREDENTIALING PROCESS NEEDS TO BE
4 REVISED. THERE NEEDS TO BE A LINK TO ENSURING THAT PEER REVIEW
5 RISK MANAGEMENT AND QUALITY INFORMATION IS INCLUDED IN THE
6 CREDENTIALING REVIEWS, WHICH IS NOT THE CURRENT STATE. AND THE
7 SUM OF THE RESIDENCY PROGRAM REQUIREMENTS EXCEEDS THE CLINICAL
8 BREADTH OF PATIENTS AVAILABLE AT MARTIN LUTHER KING TO TRAIN
9 THE CURRENTLY ACCEPTED RESIDENCY COMPLEMENT FOR 2005. THEY ARE
10 MEETING THOSE REQUIREMENTS THROUGH AFFILIATIONS WITH OTHER
11 HOSPITALS. I.C.U. PATIENT MANAGEMENT NEEDS IMPROVEMENT. WE ARE
12 SUGGESTING AN I.C.U. DIRECTOR, A SINGLE I.C.U. DIRECTOR, BE
13 ASSIGNED AND THAT WE EVALUATE INTENSIVIST COVERAGE OR A REMOTE
14 I.C.U. MONITORING TYPE OF COVERAGE. FOR NURSING, THERE IS NOT
15 A CLEARLY ARTICULATED MODEL OF NURSING CARE WHICH LEADS TO
16 ROLE CONFUSION AND PERFORMANCE ISSUES. AND WE'VE RECOMMENDED A
17 CONSISTENT MODEL FOR NURSING, WHICH WILL PROVIDE THE R.N. AS
18 BEING RESPONSIBLE FOR PATIENT CARE AND SUPERVISING LVNS AND
19 CNAS. THERE NEEDS TO BE CLINICAL COLLABORATION BETWEEN NURSING
20 AND OTHER DISCIPLINES, WHICH WE FOUND TO BE MINIMAL AT THIS
21 POINT. CARE PLANNING AND CLINICAL DOCUMENTATION SYSTEM FOR
22 NURSING IS OUTDATED. AND THERE ARE A NUMBER OF PATIENT SAFETY
23 ISSUES WHICH I THINK EVERYONE IS WELL AWARE OF WHICH NEED
24 IMMEDIATE REMEDIATION, INCLUDING CODE BLUE, CODE 9 AND A
25 NUMBER OF OTHERS. THERE ARE APPROXIMATELY 112 AGENCY STUFF AT



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1 THE TIME OF THE REPORT. THIS WILL MEET THE CALIFORNIA
2 STANDARDS SO THE NURSING STAFFING CURRENTLY MEETS CALIFORNIA
3 STANDARDS. BUT, WITH THE LACK OF FLEXIBILITY AT TIMES, WE'RE
4 OVER THE STANDARDS. RECRUITMENT AND RETENTION IS IMPORTANT AND
5 NEEDS TO BE AN INCREASED FOCUS FOR NURSING. WE WANT TO MOVE
6 FROM HAVING TRAVELING AND REGISTRY NURSES TO HAVING OUR OWN
7 FULL-TIME STAFF. IT'S AN IMPORTANT QUALITY OF CARE ISSUE FOR
8 US. IN THE CLINICAL AND ANCILLARY AREAS, JUST TO HIGHLIGHT A
9 COUPLE OF POINTS IN THE REPORT. FOR PSYCHIATRY, THERE ARE A
10 MYRIAD OF PROBLEMS FROM CLINICAL CARE TO ENVIRONMENT OF CARE.
11 AND SOME OF THE ENVIRONMENT OF CARE ISSUES ARE URGENT TO
12 CORRECT. IN PERIOPERATIVE, WHICH IS THE OPERATING ROOM AREA
13 AND POST-ANESTHESIA RECOVERY AREA, THE GOVERNANCE STRUCTURES
14 AND EFFECTIVE SUITE UTILIZATION HAS BEEN LOW AT 26% AND THERE
15 ARE NUMEROUS PATIENT SAFETY VIOLATIONS, WHICH WE'RE IN THE
16 PROCESS OF CORRECTING. EMERGENCY SERVICES: WE NEED TO IMPROVE
17 THE LEADERSHIP COLLABORATION BETWEEN NURSING, PHYSICIANS, AND
18 OTHER DISCIPLINES. AND IN NUMEROUS OTHER PERFORMANCE ISSUES
19 THAT ARE CITED IN THE REPORT. IN TERMS OF PHARMACY, WE REALLY
20 HAVE ISSUES AS IT RELATES TO FULL-TIME DEDICATED MANAGEMENT
21 AND LESS-THAN-EFFECTIVE PHARMACY AND THERAPEUTICS COMMITTEE.
22 AND WE HAVE AN EXTENSIVE USE OF REGISTRY STAFF WHERE THERE'S A
23 HUNDRED PERCENT REGISTRY IN OUTPATIENT AND 35% REGISTRY ON THE
24 INPATIENT PHARMACY. FOR HUMAN RESOURCES, IT IS A CORPORATE
25 FUNCTION NOT HAVING SPECIFIC LEADERSHIP. DEDICATED TO M.L.K.



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1 AND ON SITE, WE'VE REQUESTS ON SITE SENIOR HUMAN RESOURCE
2 LEADER AND MORE SITE SPECIFIC STAFF. INFORMATION TECHNOLOGY:
3 THERE IS A GOOD PLAN WITH TECHNICALLY SOUND DIRECTION BUT THE
4 SPECIFIED TIME FRAMES FOR IMPLEMENTING THE SYSTEMS AND
5 INSTALLING THEM FOR MARTIN LUTHER KING ARE BEHIND WHERE WE
6 NEED TO BE AND WE NEED TO BE MOVED UP IN PRIORITY OF
7 IMPLEMENTATION. AND, LASTLY, ON FACILITIES, THERE'S OVERALL
8 CONDITION OF PATIENT CARE AREAS WHICH ARE IN NEED OF
9 STRUCTURAL AND ORGANIZATIONAL IMPROVEMENT. THAT CONCLUDES A
10 SUMMARY OF OUR REPORT.

11

12 **SUP. MOLINA, CHAIR:** ALL RIGHT. WE ALL RECEIVED A DETAILED
13 OUTLINE OF THE 60-DAY ASSESSMENT. DO WE HAVE ANY QUESTIONS?
14 MIKE, YOU WANT TO START?

15

16 **SUP. ANTONOVICH:** THERE ARE 10 YEARS OF PREVIOUS AUDITS THAT
17 HAVE BEEN DONE FOR MARTIN LUTHER KING MEDICAL CENTER.
18 QUESTION: DID YOU DETERMINE WHO BLOCKED THOSE IMPLEMENTATIONS,
19 RECOMMENDATIONS THAT WERE BEING MADE? OR WILL YOU BE ABLE TO
20 DO THAT?

21

22 **KAE ROBERTSON:** I DON'T THINK-- I MEAN, OUR CHARGE WAS REALLY
23 TO IDENTIFY WHAT THE PROBLEMS WERE TODAY AND HOW TO GO ABOUT
24 FIXING THEM. UNFORTUNATELY, WE DIDN'T GO BACK TO TRY TO FIGURE



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1 OUT WHAT HAD HAPPENED IN THE PAST. WE'RE REALLY, WE'RE VERY
2 FOCUSED ON WHAT WE NEED TO CHANGE TODAY.

3

4 **SUP. ANTONOVICH:** BUT MANY OF THE AUDITS ALREADY IDENTIFY
5 PROBLEMS THAT YOU HAVE HIGHLIGHTED VIA THE FACILITY AND MANY
6 HAVE NOT BEEN IMPLEMENTED. IT WOULD BE IN THE BEST INTEREST
7 FOR THE CONTRACT THAT WE HAVE WITH YOU THAT YOU IDENTIFY
8 WHERE, IN THE PROCESS, THOSE RECOMMENDATIONS HAVE BEEN
9 BLOCKED.

10

11 **KAE ROBERTSON:** OKAY. THANK YOU. WE'LL TAKE A LOOK AT THAT.

12

13 **SUP. ANTONOVICH:** AND WHAT IS THE TITLE OF THE PERSON IN CHARGE
14 OF SAFETY FOR THE FACILITY AT MARTIN LUTHER KING? DO YOU KNOW,
15 DR. GARTHWAITE, OR...?

16

17 **KAE ROBERTSON:** I BELIEVE ITS SAFETY OFFICER, I'M NOT SURE.

18

19 **SUP. ANTONOVICH:** SAFETY OFFICER? AND HOW LONG HAS THAT SAFETY
20 OFFICER BEEN INVOLVED AT MARTIN LUTHER KING?

21

22 **SUP. KNABE:** MAYBE A BETTER QUESTION IS, IS THERE A SAFETY
23 OFFICER?

24



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1 **DR. THOMAS GARTHWAITE:** YEAH, THERE IS AND WE'RE EXAMINING NOW
2 THE ROLE OF THE SAFETY OFFICER VERSUS THE ROLE OF VARIOUS
3 CLINICIANS IN LOOKING AT CLINICALLY UNSAFE SITUATIONS. YOUR
4 QUESTION THAT I THINK YOU RAISED LAST WEEK IS VERY IMPORTANT
5 TO US AS WELL, HOW DO WE-- WHY DO WE HAVE THESE CLINICAL AREAS
6 THAT APPEAR TO HAVE THESE UNSAFE CONDITIONS? AND WE HAVE A
7 SAFETY OFFICER, WHY DIDN'T THEY PICK THAT UP? SO WE'RE
8 REVIEWING BOTH FOR THIS FACILITY AND ALL OF OUR FACILITIES
9 WHETHER OR NOT, YOU KNOW, THAT SOMEONE WHO WORKS THERE DAY-TO-
10 DAY IS GOING TO BE AS EFFECTIVE IN THE LONG-TERM AS MAYBE
11 HAVING A CENTRALIZED POSITION OF A SAFETY OFFICER WHO CAN COME
12 IN WITH FRESH EYES. SO WE'RE REALLY GOING TO EXAMINE WHAT THE
13 ROLE OF THE CURRENT SAFETY OFFICERS ARE, WHAT ARE OTHER
14 CLINICALLY UNSAFE CONDITIONS THAT MIGHT OCCUR AND WHERE THE
15 DISCONNECT THAT ALLOWED THIS TO HAPPEN.

16

17 **SUP. ANTONOVICH:** BUT DO WE KNOW HOW LONG THAT SAFETY OFFICER
18 HAS BEEN EMPLOYED AT MARTIN LUTHER KING?

19

20 **FRED LEAF:** YEAH, A SIGNIFICANT NUMBER OF YEARS.

21

22 **SUP. ANTONOVICH:** AND WHO IS RESPONSIBLE FOR THEIR EVALUATION
23 AND WORK PERFORMANCE?

24



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1 **FRED LEAF:** THE EXECUTIVE MANAGEMENT AT KING WOULD HAVE BEEN
2 RESPONSIBLE FOR OVERSEEING THEIR EVALUATIONS OVER THE YEARS.

3

4 **SUP. ANTONOVICH:** AND DID YOU CHECK ON THEIR EVALUATION FORM
5 FOR EACH YEAR AS TO HOW THAT INDIVIDUAL PERFORMED?

6

7 **FRED LEAF:** I DON'T HAVE THAT INFORMATION RIGHT NOW BUT I WILL
8 GET THAT FOR YOU.

9

10 **SUP. ANTONOVICH:** COULD YOU PROVIDE THE PERSON'S NAME, THAT
11 INFORMATION, TO THE BOARD?

12

13 **FRED LEAF:** YES.

14

15 **SUP. ANTONOVICH:** AND WHY THEY FAILED TO IMPLEMENT THOSE BASIC
16 SAFETY REQUIREMENTS THAT WE HAVE DISCUSSED THAT ARE A THREAT
17 TO LIFE AND SAFETY OF THE STAFF AND THE PATIENTS THERE.

18

19 **FRED LEAF:** YES.

20

21 **SUP. ANTONOVICH:** WHICH YOU HIGHLIGHTED VERY WELL IN YOUR
22 REPORT. THE REASON I ASK IF YOU CAN-- YOU HAVE TO IDENTIFY
23 WHERE, IN THE PROCESS, MANY OF THE RECOMMENDATIONS HAD BEEN
24 BLOCKED. I KNOW, ON THE ISSUE OF NARCOTICS AND THE
25 PHARMACEUTICALS SIDE, THAT HAS BEEN HIGHLIGHTED IN THE PAST.



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1 THE AUDITOR-CONTROLLER, IN AUGUST-- OR APRIL 17TH, 1997, GAVE
2 US A REPORT TO THE AUDIT COMMITTEE-- I SHOULD SAY THE
3 DEPARTMENT OF HEALTH SERVICES OUTPATIENT PHARMACY STAFFING AND
4 MANAGEMENT STRUCTURE FOLLOW-UP, AND THEY GAVE OUT
5 RECOMMENDATIONS RELATIVE TO THE NEEDS THAT HAD TO BE DONE
6 RELATIVE TO HIRING, TRAINING, TECHNICIANS, RECOMMENDATIONS
7 RELATIVE TO THE INVENTORY OF DRUG SUPPLIES AND THE
8 RECOMMENDATION THAT THE DEPARTMENT SHOULD STANDARDIZE SERVICE
9 LEVELS AND PROCEDURES FOR SELF-PAY PATIENTS AT ALL PHARMACIES.
10 NO REAL PROGRESS APPEARS TO HAVE BEEN MADE IN THIS AREA AND,
11 AGAIN, WE COME BACK TO YOUR REPORT SEVEN YEARS LATER, GOING TO
12 BE EIGHT YEARS IN A COUPLE MONTHS, WHERE, IN THE PROCESS, ARE
13 THESE RECOMMENDATIONS BEING BLOCKED? I THINK THAT INFORMATION
14 IS VERY IMPORTANT BECAUSE WE'RE PAYING PEOPLE TOP DOLLAR TO
15 ENSURE THAT THAT QUALITY OF SERVICE IS BEING MAINTAINED. AND
16 WHEN WE LOOK AT THE...

17

18 **KAE ROBERTSON:** I WILL REVIEW THAT AND FOLLOW UP.

19

20 **SUP. ANTONOVICH:** AND I UNDERSTAND IN THE ISSUE OF A QUALITY
21 MANAGEMENT TO PROVIDE QUALITY CARE, HARBOR, U.C.L.A., OLIVE
22 VIEW MEDICAL, L.A. U.S.C. AND RANCHO REHAB ALL HAVE SUCH A
23 SYSTEM IN PLACE BUT, AT MARTIN LUTHER KING, WE DON'T HAVE SUCH
24 A LINK FOR PEER REVIEW, RISK MANAGEMENT, OR QUALITY ASSURANCE
25 INFORMATION IS INCLUDED IN THE CREDENTIALING REVIEW. AND,



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1 AGAIN, WHO, IN THIS CHAIN OF COMMAND, IS BLOCKING THAT TYPE OF
2 GOOD MANAGEMENT PROCEDURES FROM OCCURRING AT ONE HOSPITAL WHEN
3 THE OTHER HOSPITALS ARE ALL MEETING THEIR STATE, FEDERAL
4 REQUIREMENTS?

5

6 **KAE ROBERTSON:** I THINK WE DID IDENTIFY THAT THERE WERE SOME
7 LEADERSHIP ISSUES AT MARTIN LUTHER KING THAT DEFINITELY
8 BLOCKED SOME OF THESE FROM HAPPENING AND NEEDED TO BE FOLLOWED
9 UP ON.

10

11 **SUP. ANTONOVICH:** DR. GARTHWAITE?

12

13 **DR. THOMAS GARTHWAITE:** I THINK, WITHOUT QUESTION, THAT WE'VE
14 HAD PROCESSES ON PAPER THAT SOUNDED GOOD BUT THEY WEREN'T
15 BEING CARRIED OUT IN REALITY. AND I WOULD AGREE WHOLEHEARTEDLY
16 WITH KAE'S RECOM-- ASSESSMENT THAT WE HAD SIGNIFICANT
17 LEADERSHIP ISSUES. WE'VE CHANGED VERY FEW OF THE MANAGEMENT
18 TEAM THAT WAS RESPONSIBLE FOR PUTTING THOSE INTO PLACE REMAINS
19 AND THEY'VE BEEN REPLACED WITH NAVIGANT LEADERSHIP AND LOOKING
20 FOR RECRUITING FOR THE LONG-TERM. BUT, CLEARLY, IT'S-- MUCH OF
21 WHAT YOU'RE ASKING, REALLY, IS I THINK A LEADERSHIP ISSUE.
22 IT'S ABOUT FOLLOW THROUGH, IT'S PERSISTENCE, IT'S DOUBLE-
23 CHECKING, IT'S TESTING WHETHER IT'S EFFECTIVE OR NOT.

24



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1 **SUP. ANTONOVICH:** AND THE RECOMMENDATION THAT ONE OF THE
2 SUGGESTIONS THAT WE OFFER EMERITUS POSITIONS TO THOSE
3 INDIVIDUALS THAT ARE GOING TO BE LEAVING THAT FACILITY. TO
4 RECEIVE AN EMERITUS TITLE INDICATES THAT YOU'VE DONE SOMETHING
5 GOOD AND POSITIVE. IT SEEMED LIKE THIS WAS A WAY OF CLEANING
6 OUT SOME OF THE DIRTY LAUNDRY BY GIVING THEM A TITLE. AND I
7 WOULD BE COMPLETELY OPPOSED TO THAT. I MEAN, THEY SHOULD BE
8 HELD ACCOUNTABLE FOR WHAT THEY HAVE DONE AND NOT MAKE IT EASY
9 BY HAVING THEM LEAVE WITH A TITLE.

10

11 **DR. THOMAS GARTHWAITE:** THE DEPARTMENT HAS NO EMERITUS TITLE
12 AND DOES NOT ANTICIPATE ASKING TO CREATE ONE.

13

14 **SUP. ANTONOVICH:** OKAY. WELL, I MEAN THIS WAS NOT THE
15 DEPARTMENT'S RECOMMENDATION. IT WAS IN THE NAVIGANT...

16

17 **KAE ROBERTSON:** RIGHT, WE'RE AWARE OF THAT NOW. WE WILL REMOVE
18 THAT FROM THE FINAL REPORT.

19

20 **SUP. ANTONOVICH:** WHEN WE TAKE UP THE ITEMS, ONE OF THE MOTIONS
21 I'M GOING TO PUT FORWARD IS THAT THE BOARD DIRECT THE
22 DEPARTMENT OF HEALTH SERVICES AND THE AUDITOR-CONTROLLER TO
23 REVIEW THE AUDITS OF MARTIN LUTHER KING MEDICAL CENTER
24 PERFORMED BY THE AUDITOR-CONTROLLER AND THE DEPARTMENT OF
25 HEALTH SERVICES INSPECTION AND AUDIT DIVISION OVER THE PAST 10



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1 YEARS AND REPORT TO THE BOARD IN 15 DAYS OUTLINING ALL
2 OUTSTANDING RECOMMENDATIONS WHICH HAVE NOT BEEN FULLY
3 IMPLEMENTED. THANK YOU, MADAM CHAIR.

4

5 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. KNABE AND THEN MS. BURKE.

6

7 **SUP. KNABE:** YEAH, JUST A COUPLE OF QUESTIONS. I MEAN,
8 OBVIOUSLY, DR. GARTHWAITE, YOU INDICATED, IN ONE OF THE
9 RESPONSES TO ONE OF YOUR-- MR. ANTONOVICH'S QUESTIONS ABOUT
10 THE EVALUATION OF THE OTHER HOSPITALS IN COMPARISON TO WHAT'S
11 GOING-- I MEAN, TO ME, WE DON'T HAVE THAT LUXURY OF TIME. I
12 MEAN, BASED ON THE REPORT THAT WE'RE GETTING FROM NAVIGANT,
13 THE ISSUE OF SAFETY IS OF UTMOST IMPORTANCE AT THIS PARTICULAR
14 MOMENT IN TIME...

15

16 **DR. THOMAS GARTHWAITE:** I AGREE.

17

18 **SUP. KNABE:** ...AND CAN'T BE SUCKED INTO A STUDY THAT TAKES A
19 WEEK OR A MONTH OR SOMETHING LIKE THAT BUT NEEDS IMMEDIATE
20 REMEDIATION. YOU KNOW, THE VERY BASIC QUESTION THAT I HAVE, I
21 MEAN, IT'S VERY FORTHRIGHT: IS IT SAFE-- IN THIS-- NAVIGANT,
22 IS IT SAFE FOR SOMEONE TO GO TO THAT HOSPITAL RIGHT NOW? IS IT
23 SAFE? I MEAN, THAT'S THE QUESTION, I MEAN, I THINK ALL OF US,
24 YOU KNOW, HAVE REALIZED THAT, ON THE ONGOING ISSUES OUT THERE,
25 BUT I DON'T THINK ANYONE REALIZED, AT LEAST I DIDN'T, THE



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1 DEPTH AND THE BREADTH OF SOME OF THE ISSUES OUT THERE THAT YOU
2 UNCOVERED IN YOUR QUICK LOOK. BUT IS IT SAFE?

3

4 **KAE ROBERTSON:** AND THAT'S WHY THE THINGS THAT WE'RE FOCUSING
5 ON FIRST ARE IMMEDIATE PATIENT SAFETY AND LIFE SAFETY ISSUES,
6 WORKING THROUGH REMEDIATION AND TRAINING AS WELL AS...

7

8 **SUP. KNABE:** OH, I UNDERSTAND WHAT YOU'RE WORKING ON. MY
9 QUESTION IS: TODAY, IS IT SAFE TODAY FOR A PATIENT TO GO
10 THERE?

11

12 **KAE ROBERTSON:** TODAY, IT'S SAFE FOR A PATIENT TO GO THERE.
13 THERE'S STILL GOING TO BE HUMAN ERROR AND, AS IN ANY HOSPITAL
14 TODAY, I THINK THERE'S STILL OPPORTUNITIES FOR MISTAKES TO
15 OCCUR.

16

17 **SUP. ANTONOVICH:** BEYOND HUMAN ERROR?

18

19 **SUP. YAROSLAVSKY:** IS THAT A "YES" OR "NO."

20

21 **SUP. KNABE:** YEAH. I MEAN, IS IT "YES" OR "NO"? I MEAN, THAT
22 WAS SOMEWHAT OF A SOFT ANSWER. I MEAN, I KNOW THERE'S
23 OPPORTUNITIES, AND THIS BOARD HAS BEEN COMMITTED TO MAKE SURE
24 THAT WE SAVE THAT HOSPITAL AS PART OF OUR SAFETY NET. BUT THE
25 QUESTION I'M ASKING, IS IT SAFE TO GO THERE TODAY?



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1

2 **KAE ROBERTSON:** I WOULD SAY THAT IT'S AS SAFE AS IT HAS BEEN.
3 WE'RE WORKING TO IMPROVE THE SAFETY OF THE HOSPITAL. IT'S NOT
4 THE KIND OF THING THAT CHANGES OVER NIGHT. AS WE'RE FINDING
5 SITUATIONS, WE'RE IMMEDIATELY CREATING REMEDIATION AND SOME OF
6 WHICH ARE TRYING TO DO THINGS THAT WILL BE A TECHNOLOGICAL FIX
7 AND NOT RELY AS MUCH HUMAN ON KNOWLEDGE AND HUMAN EFFORT.

8

9 **SUP. KNABE:** THE FOLLOW-UP QUESTION TO THEN, THAT, WOULD BE, AT
10 SOME POINT, THEN WOULD THE RECOMMENDATION TO THE DEPARTMENT BE
11 THAT WE'D HAVE TO DIVERT PATIENTS TO OTHER HOSPITALS UNTIL
12 SUCH TIME WE FIX SOME OF THOSE PROBLEMS SO THAT IT IS SAFE?

13

14 **DR. THOMAS GARTHWAITE:** WELL, CLEARLY, THAT'S THE LOGIC
15 UNDERLYING THE CLOSURE OF TRAUMA. I MEAN, TAKE THE VERY
16 SICKEST AND MOST-- THE MOST IMMEDIATE, EMERGENT AND COMPLEX
17 PATIENTS AND DIVERT THEM AND THAT REALLY WAS UNDERLYING THE
18 LOGIC THERE. I THINK THAT'S HAD A SIGNIFICANT POSITIVE EFFECT
19 AT LOWERING THE COMPLEXITY AND THE WORK IN THE HOSPITAL. SO,
20 IF WE REACH A POINT WHERE WE NEED TO TAKE ADDITIONAL STEPS TO
21 TAKE PATIENTS OUT, WE WOULD NOT HESITATE TO DO THAT. IN
22 TELEMETRY, WE FELT THAT WE REACHED A CRITICAL POINT WHERE WE
23 COULD NOT GUARANTEE SAFETY OF A REASONABLE LEVEL AND WE CLOSED
24 TELEMETRY, RETRAINED ALL THE STAFF AND THEN BROUGHT IT BACK UP
25 AND WE THINK IT'S A SOLID UNIT, PROBABLY ONE OF THE BEST IN



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1 THE HOSPITAL, NOW, IT'S BEEN TOTALLY REDESIGNED. SO I THINK WE
2 MAKE THAT INDIVIDUAL-- THAT DECISION ON AN ONGOING BASIS.
3 THERE ARE NO TOTALLY SAFE HOSPITALS. I THINK THAT WE'VE HAD
4 CONCERNS ABOUT THE SAFETY...

5

6 **SUP. KNABE:** I THINK WE ALL UNDERSTAND THAT. I MEAN, THIS IS A
7 MORE SIGNIFICANT ISSUE THAN ALL HOSPITALS. I MEAN, YOU KNOW,
8 ALL HOSPITALS HAVE ISSUES, ABSOLUTELY BUT...

9

10 **DR. THOMAS GARTHWAITE:** RIGHT. I THINK THE SERIOUSNESS WITH
11 WHICH WE'RE-- UNDERTOOK THE CLOSURE OF TRAUMA AND OUR CLOSURE
12 OF TELEMETRY. WE'VE DECOMPRESSED THE HOSPITAL VERY
13 SIGNIFICANTLY OVER THE PAST YEAR. WE'VE TAKEN DOWN THE TOTAL
14 NUMBER OF PATIENTS TREATED AND THE GOAL OF ALL OF THAT IS TO
15 TAKE SOME OF THE STRESS OFF THE HOSPITAL WHILE IT'S FIXED.

16

17 **SUP. KNABE:** I UNDERSTAND BUT, IN THE LAST YEAR, YOU STILL HAD
18 SIGNIFICANT ISSUES OUT THERE FOR PATIENT SAFETY.

19

20 **DR. THOMAS GARTHWAITE:** NO QUESTION. NO QUESTION. TO ALL TO OUR
21 DISAPPOINTMENT.

22

23 **SUP. MOLINA, CHAIR:** ALL RIGHT. MS. BURKE?

24



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1 **SUP. BURKE:** BUT FIRST LET ME ASK, WHAT IS THE STATUS IN TERMS
2 OF J.C.A.H.O. AT THIS POINT?

3

4 **KAE ROBERTSON:** WE'RE ON OUR LAST APPEAL, WHICH I BELIEVE WILL
5 BE CONSIDERED THIS MONTH AND WE'LL HAVE THEIR FINDINGS OR
6 FINAL OUTCOME AROUND THE BEGINNING OF FEBRUARY.

7

8 **SUP. BURKE:** WHAT ABOUT C.M.S.? HAVE THEY BEEN BACK OR WHAT IS
9 THAT STATUS?

10

11 **KAE ROBERTSON:** AS YOU'RE AWARE, C.M.S. WAS BACK IN DECEMBER.
12 WE'RE STILL AWAITING A FINAL REPORT FROM THAT VISIT BUT
13 PRELIMINARY DISCUSSIONS WITH THEM SAY THAT WE HAVE A LOT OF
14 WORK TO DO TO STILL IMPROVE THE CODE NINE RESPONSE. WE'VE BEEN
15 WORKING AROUND THE CLOCK, SEVEN DAYS A WEEK TO IMPROVE THAT.

16

17 **SUP. BURKE:** AT ONE TIME WE WERE TOLD THAT THERE WOULD BE 15
18 DAYS AFTER A NOTICE WAS GIVEN. WHEN WAS THAT NOTICE GIVEN?

19

20 **DR. THOMAS GARTHWAITE:** I THINK WE WOULD ANTICIPATE THAT WE
21 WOULD GET AN OFFICIAL LETTER AND THAT THEY WOULD PROBABLY POST
22 THEIR INTENT TO WITHDRAW FUNDING. THAT'S THE MECHANISM THEY
23 HAVE TO GO THROUGH. SO WE WOULD ANTICIPATE THAT, MAYBE EVEN
24 LATER THIS WEEK, THEY WOULD POST AN INTENT IN THE PAPER THAT
25 THEY WOULD BE WITHDRAWING FUNDING. ONCE THEY'VE GIVEN US THE



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1 OFFICIAL LETTER, WE HAVE THEN A CHANCE TO TELL THEM WHAT'S
2 DONE. IN ADDITION, WE HAVE PLENTY TO TELL THEM. WE WILL TELL
3 THEM THAT AND THEN THEY WILL COME BACK AND RESURVEY, EITHER
4 ACCEPT THAT-- WHAT WE'VE BEEN-- WHAT WE TELL THEM WE'RE DOING
5 IS APPROPRIATE AND THEY'LL COME BACK AND RESURVEY. AND SO--
6 AND THAT CAN THEN STOP THAT CLOCK OF STOPPING THE FUNDING. SO
7 WE ANTICIPATE THAT'S WHAT'S GOING TO HAPPEN AND WE'LL PROBABLY
8 GET THE PUBLICATION LATER THIS WEEK AND THEN WE WOULD EXPECT A
9 VISIT SOMETIME IN THE NEXT TWO TO THREE WEEKS.

10

11 **SUP. BURKE:** ARE WE CONTINUING TO HAVE PRACTICE TESTS? CODE 9
12 TESTS?

13

14 **KAE ROBERTSON:** WE'VE HAD CODE 9 DRILLS, MULTIPLE DRILLS ON
15 EVERY SHIFT 24/7, INCLUDING O.P.S., INCLUDING THE CLINICAL
16 STAFF, INCLUDING PHYSICIANS, AND I MYSELF DID A NUMBER OF
17 THOSE DRILLS OVER THE WEEKEND AND SAW LEARNING AND
18 IMPROVEMENT. O.P.S. WAS APPROPRIATE IN THEIR RESPONSE. WE HAD
19 NO INSTANCES WHERE THEY CAME INTO THE UNITS WITH ANY OF THE
20 WEAPONS THAT C.M.S. IS CONCERNED ABOUT UNTIL, IN THE DRILL, WE
21 SAID THIS IS NOW BECOMING A LAW ENFORCEMENT MATTER. SO IT WAS
22 HANDLED APPROPRIATELY AND THE CLINICAL STAFF HAVE IMPROVED IN
23 THEIR ABILITY TO DEESCALATE PATIENTS AND INSTITUTE CLINICAL
24 TREATMENT VERSUS PHYSICAL TREATMENT.

25



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1 **SUP. BURKE:** WHEN DO YOU SEE THAT THE PHYSICAL PLANT WILL BE
2 BROUGHT UP TO THE REQUIRED STATE?

3

4 **KAE ROBERTSON:** THE PROCESS THAT WE'LL GO THROUGH, ONCE WE HAVE
5 A FINAL REPORT, IS TO WORK THROUGH WITH D.H.S. THOSE AREAS
6 WHERE WE CAN MAKE SOME IMPROVEMENTS AND WHAT AREAS WE'LL NEED
7 TO COME AND ASK THE SUPERVISORS FOR SUPPORT ECONOMICALLY TO
8 MAKE THOSE CHANGES.

9

10 **SUP. BURKE:** DOES THE PSYCH WARD HAVE TO HAVE CORRECTED ALL OF
11 THOSE ISSUES THAT WE HEARD, READ ABOUT PRIOR TO THE TIME THAT
12 C.M.S. COMES BACK? OR CAN THAT BE DONE LATER?

13

14 **KAE ROBERTSON:** THOSE WERE NOT THE FOCUS OF C.M.S.'S PRIOR
15 VISITS.

16

17 **SUP. BURKE:** SO THEY HAVE NOT POINTED THOSE THINGS OUT. SOMEONE
18 HAS POINTED SOME OF THOSE THINGS OUT. WAS IT J.C.A.H.O.?

19

20 **FRED LEAF:** WELL, BOTH C.M.S. AND J.C.A.H.O. HAVE POINTED THEM
21 OUT BUT THEY DID NOT CLASSIFY THEM AS AN IMMEDIATE THREAT TO
22 PATIENT SAFETY AND, RATHER, INDICATED THEY SHOULD BE FIXED.
23 MANY OF THEM WERE BUT MANY OF THEM ALSO INVOLVE MAJOR CAPITAL
24 WORK. SO THAT'S WHAT MISS ROBERTSON WAS JUST REFERENCING, THAT
25 WE WILL BE WORKING ON IT TOGETHER TO PLAN OUT.



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1

2 **SUP. BURKE:** RIGHT. HAVE YOU IDENTIFIED A MECHANISM WHERE WE
3 CAN DETECT DEFICIENCIES OR THEY CAN DETECT DEFICIENCIES EARLY?
4 WHAT-- HAVE YOU IDENTIFIED THE KIND OF A MANAGEMENT
5 REQUIREMENT OR A PROCEDURE OF WHERE DEFICIENCIES CAN BE PICKED
6 UP AT A EARLIER DATE?

7

8 **KAE ROBERTSON:** THERE'S A COUPLE OF INSTITUTIONS-- THINGS THAT
9 WE'RE INSTITUTING. ONE IS THE PHYSICAL WALK ROUNDS THAT BRING
10 BOTH THE SAFETY AND PHYSICAL PLANT OFFICERS TOGETHER WITH THE
11 CLINICIANS AS THEY WALK THROUGH AND INSPECT, TOGETHER,
12 DIFFERENT COMPONENTS OF THE HOSPITAL. SO THAT WE'RE BRINGING
13 BOTH THE CLINICAL EXPERTISE AROUND WHAT ARE THE REQUIREMENTS
14 FOR THAT PART OF THE FACILITY AND THAT TYPE OF PATIENT TO BE
15 CARED FOR WITH THE FACILITY AND TECHNICAL KNOWLEDGE ABOUT HOW
16 TO GET IT FIXED AND WHAT THAT WOULD REQUIRE. AS IT RELATES TO
17 WHAT ARE WE DOING ON DEFICIENCIES FOR QUALITY AND REGULATORY
18 IMPROVEMENT? WE'VE RECOMMENDED AND ARE INSTITUTING A VERY
19 EXPEDITED QUALITY AND REGULATORY IMPROVEMENT COMMITTEE THAT
20 WOULD MEET WEEKLY, IF NOT DAILY, AS WE CONDUCT THE CLINICAL
21 TURNAROUND.

22

23 **SUP. BURKE:** AND SO, IN THE FUTURE, THERE WOULD BE THAT PROCESS
24 SO THAT PEOPLE COULD-- THERE WOULD BE PEOPLE WHO HAVE THE
25 RESPONSIBILITY TO PICK THOSE THINGS UP?



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1

2 **KAE ROBERSON:** AND THERE WILL BE A REGULAR PART OF MANAGEMENT
3 PROCESS AND TRAINING ON HOW TO BRING THOSE TWO TOGETHER.

4

5 **SUP. BURKE:** WOULD YOU EXPLAIN THE N.I.C.U. SITUATION, THE
6 NEONATAL SITUATION, AND HOW-- EXACTLY WHAT LEVEL THEY ARE
7 PROVIDING SERVICES NOW, WHAT SERVICES ARE BEING PROVIDED. MY
8 UNDERSTANDING-- THE REGIONAL WAS LOST BECAUSE OF SOMETHING,
9 AND I DON'T RECALL EXACTLY WHAT IT WAS, THE REGIONAL AND THEN
10 THE COMMUNITY, HAS IT BEEN LOST? WHAT IS THE PRESENT STATUS
11 AND WHAT KIND OF SERVICES DOES THAT MEAN THAT CAN BE PROVIDED
12 THERE?

13

14 **KAE ROBERTSON:** WE'RE STILL RECOMMENDING THAT THERE BE A
15 NEONATAL INTENSIVE CARE UNIT THERE. IT WOULD REALLY STILL
16 PROVIDE ESSENTIALLY THE SAME FUNCTION WE'RE CURRENTLY
17 PROVIDING BUT IT WOULD BE CODIFIED MORE CLOSELY TO THE LEVEL
18 OF CARE WE'RE PROVIDING AND ALLOW US TO MAKE SURE WE'RE
19 MEETING ALL THE REGULATORY REQUIREMENTS AND STAFFING
20 REQUIREMENTS FOR THAT LEVEL. SO IT WILL STILL BE A NEONATAL
21 INTENSIVE CARE UNIT, IT WILL JUST BE A SLIGHTLY LOWER LEVEL. I
22 THINK WE'LL HAVE MORE DEFINITIVE INFORMATION IN OUR FEBRUARY
23 1ST REPORT AND WOULD LIKE TO SORT OF WAIT UNTIL THEN TO FINISH
24 FURTHER QUESTIONS ON THAT, IF POSSIBLE.

25



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1 **SUP. BURKE:** AT PRESENT, WHAT IS THE SITUATION?

2

3 **DR. THOMAS GARTHWAITE:** I WAS GOING TO SAY, I THINK THAT IT WAS
4 REGIONAL AND WE LOST THE REGIONAL STATUS BASED ON THE VOLUME
5 OF KIDS AT THE CERTAIN LEVEL THAT WE'RE GOING THROUGH THERE
6 AND THE AVAILABILITY OF PEDIATRIC SURGERY, IF I'M NOT
7 MISTAKEN.

8

9 **KAE ROBERTSON:** RIGHT, WE DON'T HAVE PEDIATRIC...

10

11 **DR. THOMAS GARTHWAITE:** I DON'T TOTALLY GUARANTEE THAT, BUT
12 THAT WHAT MY RECOLLECTION WAS THE REASONS FOR LOWERING IT TO
13 THE COMMUNITY STANDARD. I THINK THE OTHER ISSUE THAT OUR
14 REVIEW TEAMS HAVE SUGGESTED IS THAT THE WAY THE N.I.C.U. WAS
15 USED AT KING DREW WAS QUITE DIFFERENT THAN MOST OTHER
16 HOSPITALS, THAT MORE KIDS ARE RUN THROUGH THAT UNIT AT HIGHER
17 STAFFING LEVELS THAN IS TRUE IN ANY OF THE OTHER N.I.C.U.S
18 THAT WE RUN.

19

20 **SUP. BURKE:** I SEE. NOW, THE CHILDREN THAT ARE COMING IN
21 N.I.C.U. NOW, THOSE ARE CHILDREN THAT ARE BORN IN THE HOSPITAL
22 AND THEN ARE TRANSFERRED INTO THE N.I.C.U.? IS THAT WHAT THE
23 PRESENT OPERATION IS?

24



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1 **DR. THOMAS GARTHWAITE:** CORRECT. LARGELY, YES. THERE ARE SOME--
2 THERE WOULD BE SOME KIDS THAT WOULD MAYBE GO HOME FROM OUR
3 HOSPITAL OR OTHERS THAT WOULD BE BROUGHT BACK TO THE EMERGENCY
4 ROOM WHO WOULD QUALIFY, GO INTO THE N.I.C.U. BUT I THINK THE
5 BULK OF THE PATIENTS ARE FROM BIRTHS IN THE HOSPITAL.

6

7 **SUP. BURKE:** NOW, YOUR REPORT INDICATED THAT THE EMERGENCY
8 DEPARTMENT WAS ON DIVERSION 70% OF THE TIME. AND I DID RECEIVE
9 THIS CHART THAT INDICATES THAT ALL OF OUR COUNTY HOSPITALS ARE
10 AT A TREMENDOUS LEVEL OF DIVERSION, CERTAINLY NOT 70-- WELL,
11 COUNTYWIDE, THERE WAS A DATE THAT-- WHERE IT WAS, EVERYONE WAS
12 70%, WHERE THE PRIVATE HOSPITALS ARE OPERATING AT ABOUT AN
13 AVERAGE OF 22%. WHAT IS THE REASON THAT WE HAVE SUCH HIGH
14 DIVERSION?

15

16 **KAE ROBERTSON:** I CAN'T ANSWER THE REASON FOR THE COUNTY. I
17 COULD ANSWER FOR MARTIN LUTHER KING.

18

19 **SUP. BURKE:** FOR KING, WHAT IS THE REASON?

20

21 **KAE ROBERTSON:** FOR MARTIN LUTHER KING, WE HAVE A NUMBER OF
22 ISSUES. ONE IS THERE ARE SOME ISSUES AROUND PHYSICIAN
23 MANAGEMENT IN THE EMERGENCY DEPARTMENT IN TERMS OF LEVEL OF
24 CARE THEY DESIGNATE. SO, AT TIMES, THEY ARE REQUESTING
25 INTENSIVE CARE UNIT WHEN THAT'S REALLY NOT APPROPRIATE AND



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1 THAT'S WHY WE SAID WE'VE NEEDED AN I.C.U. DIRECTOR AND
2 INTENSIVIST WHICH WOULD MANAGE WHICH PATIENTS ARE SICK ENOUGH
3 TO REALLY REQUIRE I.C.U. CARE. ADDITIONALLY, WE'RE
4 RECOMMENDING THAT POSITION BECAUSE THE I.C.U. PATIENTS STAY
5 LONGER THAN THEY NEED TO, WHICH ALSO CREATES A LACK OF BEDS
6 AVAILABLE FOR E.D. PATIENTS. ANOTHER REASON THAT THE E.D.
7 CLOSES IS WHAT THEY WILL CALL SATURATION, MEANING THEY ARE
8 JUST TOO BUSY IN THERE. BUT THERE ARE PROCESSES FOR RADIOLOGY
9 AND LABORATORY AND ADMISSIONS THAT DON'T OCCUR IN A TIMELY
10 ENOUGH FASHION. OUR FULL REPORT DETAILS HOW LONG IT TAKES TO
11 MOVE SOMEBODY THROUGH ALL OF THOSE PIECES OF DIAGNOSIS AND
12 TREATMENT IN THE EMERGENCY DEPARTMENT THAT'S MUCH LONGER. AND
13 SO IT'S FIXING THE VERY BASIC FUNDAMENTAL PROCESSES OF THE
14 HOSPITAL THAT WILL EXPEDITE THE E.D. THROUGH-PUT AND REDUCE
15 DIVERSION.

16

17 **SUP. BURKE:** SO PEOPLE ARE STAYING LONGER IN THE EMERGENCY
18 ROOMS, I GUESS, BECAUSE THERE ARE NO BEDS TO SEND THEM TO?

19

20 **KAE ROBERTSON:** NOT ALWAYS BECAUSE THERE ARE NO BEDS. ONE IS NO
21 I.C.U. BEDS.

22

23 **SUP. BURKE:** NO I.C.U. BED.

24



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1 **KAE ROBERTSON:** RIGHT. THERE MAY BE NOT THE RIGHT TYPE OF BED.
2 MAYBE THEY NEED A PRIVATE ROOM AND WE NEED, FOR PRECAUTIONS,
3 FOR AN INFECTION. AND SO WE HAVE TO MOVE PATIENTS AROUND. BUT
4 A LOT OF IT IS THE PROCESS UNDERNEATH THAT OF REALLY DOING THE
5 DIAGNOSIS AND TREATMENT AND MAKING A DECISION TO ADMIT A
6 PATIENT THAT REALLY TAKES A VERY LONG TIME BECAUSE THE REST OF
7 THE HOSPITAL IS NOT WORKING WELL. AND I CAN'T ANSWER THE
8 COUNTYWIDE QUESTION.

9

10 **SUP. BURKE:** I WOULD, AT SOME POINT, LIKE TO KNOW WHY
11 COUNTYWIDE, IT'S AT 68%.

12

13 **DR. THOMAS GARTHWAITE:** YEAH, WELL, I THINK WE'VE NOTICED THIS
14 TREND FOR SIGNIFICANT PERIOD OF TIME AND, IN TALKING WITH
15 E.M.S., THE BIGGEST PROBLEM WE HAVE IS CAPACITY IN THE SYSTEM.
16 WE RUN OUR BEDS IN THE 90% FULL RANGE OF THE STAFFED, YOU
17 KNOW, WHERE WE HAVE ENOUGH NURSING STAFF TO OPEN "X" NUMBER OF
18 BEDS. WE RUN THOSE BEDS IN THE HIGH-- THE MID-- OR THE 90%
19 RANGE AT ANY GIVEN TIME, WHICH BASICALLY MEANS THAT WE ARE
20 FULL. YOU SHOULD KEEP IN MIND, THOUGH, BEING ON DIVERSION, IF
21 OTHER HOSPITALS IN YOUR CATCHMENT AREA ARE ALSO ON DIVERSION,
22 EVERYBODY'S OPEN. SO DIVERSION, WHEN YOU FIRST SAY YOU'RE ON
23 DIVERSION, THEN HOSPITALS THAT AREN'T ON DIVERSION BEGIN TO
24 GET MORE AMBULANCE TRAFFIC BUT, ONCE EVERYONE IS FULL AND



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1 THEY'RE ALL ON DIVERSION, EVERYBODY'S OPENING, AND YOU BEGIN
2 TO GET AMBULANCES AGAIN, EVEN THOUGH YOU'RE CROWDED.

3

4 **SUP. BURKE:** I SEE. SO EVERYONE-- ONCE EVERYONE IN THE REGION
5 IS ON DIVERSION, IT REOPENS IT UP, SO YOU HAVE TO TAKE THEM
6 WHETHER YOU HAVE ROOM OR NOT.

7

8 **DR. THOMAS GARTHWAITE:** EXACTLY.

9

10 **SUP. BURKE:** I SEE. ONE OF THE THINGS THAT I HAD HEARD ABOUT
11 OVER A PERIOD OF TIME WAS THAT IT TOOK SO LONG AT KING TO GET
12 CERTAIN BASIC PROCEDURES. A PERSON MIGHT HAVE TO WAIT FOR
13 THREE MONTHS TO GET, I GUESS, A TEST FOR GALLBLADDER AND ONE
14 OF THE REASONS THAT ALWAYS WAS GIVEN WAS THAT PEOPLE MADE
15 APPOINTMENTS AND YOU HAD 50% OF THE PEOPLE WHO DIDN'T KEEP THE
16 APPOINTMENTS, SO IT WAS A MATTER THAT YOU HAD TO MAKE IT THREE
17 MONTHS AHEAD AND THEN, BY THAT TIME, EVERYONE FORGOT AND THERE
18 WAS NO REMINDER OR SOMETHING PROCEDURE. SO, EVEN THOUGH IT WAS
19 MADE THREE MONTHS AHEAD, ON A DAILY BASIS, THERE WERE MANY
20 VACANCIES IN THOSE-- HAS THAT SITUATION BEEN CORRECTED?

21

22 **KAE ROBERTSON:** THAT STILL EXISTS AND THAT'S ACTUALLY PART OF
23 THE SECOND PART OF THE REPORT, WE'LL ADDRESS AMBULATORY
24 OPERATIONS, WHICH INCLUDES OUTPATIENT TESTING, OUTPATIENT
25 APPOINTMENTS AND MAKE RECOMMENDATIONS ON HOW TO IMPROVE THAT



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1 PART OF THE PROCESS. OUR FIRST PART OF THE REPORT REALLY
2 FOCUSED ON ACUTE CARE, INPATIENT AND EMERGENCY DEPARTMENT
3 OPERATIONS.

4

5 **SUP. BURKE:** BUT YOU'LL BE LOOKING AT THAT, ALSO?

6

7 **KAE ROBERTSON:** YES, WE WILL BE.

8

9 **SUP. BURKE:** YOU FIND THAT THERE IS A CULTURE OF EXCUSE AND
10 BLAMING AND, YOU KNOW, I THINK THIS IS VERY DIFFICULT TO
11 RESOLVE, THERE'S NO QUESTION ABOUT THAT. FIRST OF ALL TAKING--
12 ACCEPTING THAT THERE HAS TO BE A NUMBER OF CHANGES AND, WHEN
13 SUPERVISOR ANTONOVICH BROUGHT UP THAT FIVE YEARS AGO OR-- TO
14 GO BACK 10 YEARS IN TERMS OF DETERMINING SOME OF THE--
15 CHANGING SOME OF THE RULES AND SOME OF THE PEER REVIEW
16 PROCESSES, IT REMINDED ME THAT THERE WAS A PERIOD OF YEARS
17 WHERE THEY DIDN'T GET ENOUGH PEOPLE VOTING OR COULD GET THEN
18 THE PERCENTAGE IN ORDER TO CHANGE SOME OF THE PROFESSIONAL. I
19 KNOW THIS IS-- YOU WOULDN'T KNOW ABOUT. BUT CERTAINLY FRED
20 LEAF KNOWS ABOUT THIS AND HAVE ALL OF THOSE THINGS BEEN
21 ADDRESSED? BECAUSE I KNOW THAT THERE WAS A PERIOD OF TIME THAT
22 IT WAS, LIKE, YOU COULDN'T CHANGE EVEN THE PROFESSIONAL RULES
23 BECAUSE YOU COULDN'T GET, WHAT WAS IT, TWO-THIRDS VOTE OR
24 SOMETHING? AND, AS A RESULT, IT WENT ON AND ALL OF THESE
25 THINGS WENT ON FOR YEARS?



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1

2 **FRED LEAF:** NO, THAT PROBLEM HAS PERSISTED EVEN TO THIS DAY,
3 ACTUALLY, IN TERMS OF THE PARTICIPATION ON THE VARIOUS
4 COMMITTEES. AND IT'S A PROBLEM WITH, AS MISS ROBERTSON POINTED
5 OUT, WITH MEDICAL LEADERSHIP, CLINICAL LEADERSHIP AT THE
6 HOSPITAL AND THE LACK OF ACCOUNTABILITY OF THE PHYSICIANS TO
7 PARTICIPATE ON THE COMMITTEES CONSISTENTLY. AND THAT'S
8 SOMETHING WE HAVE TO DEAL WITH.

9

10 **SUP. BURKE:** BUT SOME OF THAT DIDN'T HAVE TO DO WITH
11 NECESSARILY PARTICIPATION. IT WAS A DIVISION BETWEEN THE
12 DOCTORS, THAT SOME WERE BLOCKING THE OTHERS AND IT WAS A KIND
13 OF INTERNAL CONFLICT.

14

15 **FRED LEAF:** RIGHT, YES, YES.

16

17 **SUP. BURKE:** NOW, THAT IS PERHAPS ONE OF THE BIG THINGS THAT
18 HAS TO BE ADDRESSED. IS THAT BEING ADDRESSED?

19

20 **FRED LEAF:** YES. NAVIGANT HAS INCLUDED QUITE A NUMBER OF
21 ACTIONS IN THEIR REPORT TO ADDRESS THOSE ISSUES RELATED TO
22 RESOLVING CONFLICT BETWEEN PHYSICIANS AND ESTABLISHING STRONG
23 LEADERSHIP IN OVERSEEING THE QUALITY COMMITTEES IN THE
24 HOSPITAL.

25



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1 **KAE ROBERTSON:** AND DEVELOPING JOINT PRACTICE COMMITTEES, EVEN
2 AT THE UNIT LEVEL, AS I MENTIONED. FOR EXAMPLE, EMERGENCY
3 DEPARTMENT. WE NEED A JOINT PRACTICE LEVEL THAT HAS THOSE
4 PHYSICIANS AND NURSES MAKING DECISIONS AROUND TRIAGE,
5 ALGORITHMS AND TREATMENT PROTOCOLS AND THEN FOLLOWING THOSE
6 THROUGH. AND WE'LL USE QUALITY ASSURANCE AND AN AUDIT TO MAKE
7 SURE THAT THAT'S REALLY HAPPENING, THAT, ONCE THEY'RE AGREED
8 ON, THEY'RE IMPLEMENTED AND USED THAT WAY.

9

10 **SUP. BURKE:** ALL RIGHT. I HAVE NO FURTHER QUESTIONS AT THIS
11 TIME.

12

13 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. YAROSLAVSKY?

14

15 **SUP. YAROSLAVSKY:** I HAVE A NUMBER OF AREAS. I'LL TRY TO GET
16 THROUGH THEM AS QUICKLY AS POSSIBLE. FIRST OF ALL, BEFORE I
17 GET TO MY QUESTIONS, CAN I ASK THAT-- YOU'RE COMING BACK ON
18 FEBRUARY 1ST WITH A FINAL REPORT? IS THAT...

19

20 **KAE ROBERTSON:** THE FINAL REPORT WILL BE PROVIDED ON FEBRUARY
21 1ST. I'M NOT SURE WHEN WE ARE BACK TO THE BOARD OF
22 SUPERVISORS. I'M THINKING PROBABLY YOU'LL WANT A WEEK TO
23 DIGEST IT.

24



**The Meeting Transcript of
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1 **SUP. YAROSLAVSKY:** IN THAT FEBRUARY 1ST REPORT, IS IT POSSIBLE
2 FOR YOU AND WORKING WITH THE HEALTH DEPARTMENT AS WELL AS THE
3 C.A.O. TO PROVIDE A COST ANALYSIS OF ALL THE RECOMMENDATIONS?

4

5 **KAE ROBERTSON:** I THINK WE'LL BE ABLE TO PROVIDE A COST
6 ANALYSIS OF THE MAJORITY OF THE RECOMMENDATIONS.

7

8 **SUP. YAROSLAVSKY:** I THINK IT'S CRITICAL...

9

10 **KAE ROBERTSON:** IT'S OUR PLAN TO DO THAT. WE'VE ALREADY STARTED
11 A PROCESS TO WORK WITH THEM TO COST THINGS OUT AS IT RELATES
12 TO EQUIPMENT, FACILITIES AND PERSONNEL.

13

14 **SUP. YAROSLAVSKY:** THAT WOULD COVER IT, EQUIPMENT, FACILITIES
15 AND PERSONNEL. AND I THINK WE NEED TO HAVE SOME KIND OF AN
16 ORDER OF MAGNITUDE OF WHAT THIS-- WHAT THIS IS GOING TO COST.
17 JUST SO THAT WE CAN BE PREPARED.

18

19 **KAE ROBERTSON:** SURE.

20

21 **SUP. YAROSLAVSKY:** I HAVE NO IDEA. AND, ALSO, IN THE CONTEXT OF
22 PARTS OF YOUR REPORT WHERE YOU INDICATE THAT THERE ARE ASPECTS
23 OF THE HOSPITAL THAT ARE OVERSTAFFED, IF YOU ARE PROPOSING, AS
24 YOU ARE, TO RECONCILE STAFFING LEVELS TO THE NORM, NORM AS IT
25 RELATES TO THE REST OF OUR OWN SYSTEM AND THAT MAY SAVE MONEY



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1 THAT YOU ALSO GIVE US THAT-- FACTOR THAT INTO YOUR
2 CALCULATIONS ON FISCAL IMPACT AS WELL. AND I DON'T KNOW WHAT
3 YOU'RE ANTICIPATING IN THE WAY OF SAVINGS IN ANY ONE
4 COMPARTMENT OF YOUR REPORT, OF YOUR RECOMMENDATIONS BUT, IF
5 THERE ARE, YOU OUGHT TO INCORPORATE THAT. DO YOU UNDERSTAND
6 WHAT I WAS GETTING AT?

7

8 **KAE ROBERTSON:** YES, I UNDERSTAND WHAT YOU'RE ASKING.

9

10 **SUP. YAROSLAVSKY:** OKAY. IN THE AREAS-- AND I GATHER, ON THE
11 GOVERNANCE ISSUE, WE'RE GOING TO LEAVE THAT TO LATER TODAY? OR
12 IS THIS ALL PART OF THE DISCUSSION?

13

14 **SUP. MOLINA, CHAIR:** AGAIN, THIS IS THE 60-DAY REPORT.
15 GOVERNANCE IS INCLUDED BUT IT'S NOT ANY ACTION AS YET. THE
16 ACTIONS WILL COME BACK, AS I UNDERSTAND, ON FEBRUARY THE
17 FIRST.

18

19 **SUP. YAROSLAVSKY:** NO, I UNDERSTAND, BUT I JUST WANTED TO KNOW
20 WHETHER IT WAS APPROPRIATE TO ASK A QUESTION.

21

22 **SUP. MOLINA, CHAIR:** NO, ABSOLUTELY, IT'S APPROPRIATE.

23

24 **SUP. YAROSLAVSKY:** I WANT TO ZERO IN ON THE BOARD OF DIRECTORS
25 BECAUSE I THINK THAT'S, IN OUR DISCUSSIONS WHEN WE MET, BOTH



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1 IN DECEMBER AND THIS MONTH, YOU INDICATED THAT, I THINK I'M
2 CORRECT IN THIS, THAT THIS IS THE MOST IMMEDIATE ISSUE AS FAR
3 AS YOU'RE CONCERNED, IS SOME KIND OF A GOVERNANCE IMPROVEMENT
4 AT M.L.K. IF NOTHING ELSE IS DONE, THAT, IN TERMS OF
5 GOVERNANCE, THAT WILL BE THE FIRST AND MOST IMMEDIATE OF
6 THINGS? AM I CORRECT IN CHARACTERIZING YOUR...?

7

8 **KAE ROBERTSON:** WELL, I GUESS WHAT I WOULD SAY IN TERMS OF
9 MAKING A CHANGE THAT WILL HELP CREATE-- SUSTAINING THE PLAN,
10 THERE ARE REAL CRITICAL THINGS IN THIS PLAN FOR PATIENT
11 SAFETY. I WOULD ALWAYS PUT THOSE BEFORE GOVERNANCE. SO I JUST,
12 I DIDN'T WANT TO BE ON RECORD AS SAYING THAT PATIENT SAFETY
13 WAS NOT THE MOST IMPORTANT TO US.

14

15 **SUP. YAROSLAVSKY:** I UNDERSTAND. NO, THAT WASN'T MY QUESTION. I
16 UNDERSTAND. I'M JUST-- I'M GOING IN ALPHABETICAL ORDER, MORE
17 OR LESS, SO GOVERNANCE IS "G," NURSING IS "N."

18

19 **KAE ROBERTSON:** OKAY. GOVERNANCE IS...

20

21 **SUP. YAROSLAVSKY:** PHYSICIANS IS "P", MEDICINE IS "M".

22

23 **KAE ROBERTSON:** IN TERMS OF GOVERNANCE, IN THE SHORT RUN, THE
24 MOST IMPORTANT PART IS CREATING A BOARD OF DIRECTORS FOR THE



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1 HOSPITAL THAT IS KNOWLEDGEABLE ABOUT MEDICINE AND HOSPITAL
2 BUSINESS PRACTICES.

3

4 **SUP. YAROSLAVSKY:** ALL RIGHT. SO WHEN WOULD BE THE OPTIMAL TIME
5 FOR SUCH A BOARD OF DIRECTORS TO BE ESTABLISHED, FROM YOUR
6 POINT OF VIEW, IN ORDER TO SYNTHESIZE IT WITH THE REST OF YOUR
7 RECOMMENDATIONS AND TO CREATE A LONG TERM SUSTAINABILITY OF
8 YOUR REFORMS?

9

10 **KAE ROBERTSON:** WE'RE READY FOR THAT TO BE CREATED NOW, YOU
11 KNOW, OR FEBRUARY 1ST WHEN THE REPORT IS FINAL, BUT SOONER
12 RATHER THAN LATER.

13

14 **SUP. YAROSLAVSKY:** ARE YOU GOING TO TAKE A SPECIFIC
15 RECOMMENDATION AS TO HOW THAT'S GOING TO TAKE PLACE OR ARE YOU
16 WAITING FOR US TO DO THAT? AND I AIMED AT YOU AND DR.
17 GARTHWAITE.

18

19 **KAE ROBERTSON:** YEAH. I WAS NOT PLANNING TO MAKE A SPECIFIC
20 RECOMMENDATION AS TO HOW. I WAS MAKING A SPECIFIC
21 RECOMMENDATION AS TO WHAT TYPES OF INDIVIDUALS, WHAT THEIR
22 ROLES WOULD BE, WHAT A COMMITTEE STRUCTURE FOR THEM MIGHT LOOK
23 LIKE, WHAT TYPE OF INFORMATION THEY WOULD RECEIVE AND, YOU
24 KNOW, THE FREQUENCY.

25



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1 **SUP. YAROSLAVSKY:** OKAY. I WOULD HOPE THAT WE WOULD ALL FIVE OF
2 US AGREE ON THOSE STANDARDS, IF THERE'S GOING TO BE A BOARD,
3 AND I HOPE THERE WILL BE, THAT THOSE KINDS OF CRITERIA WOULD
4 BE THOSE THAT WE WOULD ALL COLLECTIVELY, WHOEVER MAKES THESE
5 RECOMMENDATIONS, WOULD CONSIDER A VALUABLE CRITERIA. I'M JUST
6 TRYING TO FIGURE OUT HOW WE GET IT DONE AND PERHAPS THE
7 C.A.O.-- AND I'LL JUST THROW THIS OUT. I'M NOT GOING TO MAKE A
8 MOTION AT THIS POINT BECAUSE I'M SURE THERE WILL BE A LOT MORE
9 DISCUSSION THIS WHOLE ISSUE THAT THE C.A.O., MAYBE YOU
10 QUARTERBACK AT LEAST THE ISSUE OF HOW THAT BOARD OF DIRECTORS
11 GETS DEVELOPED AND, IN THE NEXT, MAYBE BETWEEN NOW AND
12 FEBRUARY 1ST OR EVEN SOONER, THAT YOU CAN DEVELOP A CONCEPT.
13 AND I CAN THINK OF A ZILLION WAYS. ONE WOULD BE THE MARGOLAN
14 COMMISSION APPROACH, WHICH IS NOT NECESSARILY THE MOST OPTIMAL
15 ONE, WOULD BE THE DIFFERENT NODES, INCLUDING THE BOARD AND THE
16 MEDICAL ASSOCIATION OF HOSPITAL COUNCIL, WHOEVER IT IS, SUBMIT
17 NAMES THAT MEET THE CRITERIA AND THAT THERE BE A SELECTION OR
18 VETTING PROCESS BUT SOMETHING SPECIFIC AND CONCRETE SO THAT WE
19 CAN GO FROM-- WE CAN GET FROM HERE TO THERE AND NOT BE
20 DEBATING THIS SIX MONTHS FROM NOW OR SIX OR NINE YEARS FROM
21 NOW AS WE'VE BEEN DEBATING HEALTH AUTHORITY FOR THAT LONG. SO
22 I...

23

24 **SUP. BURKE:** I DID HAVE A MOTION ON THAT LAST WEEK.

25



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1 **KAE ROBERTSON:** WE WOULD BE HAPPY TO INCLUDE...

2

3 **SUP. YAROSLAVSKY:** ON THE BOARD OF DIRECTORS?

4

5 **SUP. BURKE:** YEAH. I HAD A MOTION AND...

6

7 **SUP. YAROSLAVSKY:** I FORGOT.

8

9 **SUP. BURKE:** ...I THINK THAT EVERYONE SAID THEY DIDN'T WANT TO
10 DEAL WITH IT UNTIL FEBRUARY 1ST. THAT'S WHAT THEY SAID.

11

12 **SUP. YAROSLAVSKY:** OKAY. I'M JUST-- I HAD FORGOTTEN THAT BUT,
13 HOWEVER IT IS, WE NEED TO GET A ROAD MAP THAT GETS US FROM
14 HERE TO THERE.

15

16 **SUP. BURKE:** DO WE HAVE A COPY OF THE MOTION? I THINK WE SHOULD
17 PASS IT OUT. AND MAYBE WE CAN SEE IF WHETHER OR NOT THERE--
18 WHAT CHANGES YOU'D WANT TO...

19

20 **SUP. YAROSLAVSKY:** OKAY. NEXT, I WANTED TO ASK THE ISSUE OF
21 MANAGEMENT STRUCTURE. YOU'VE MADE A NUMBER OF PROPOSED CHANGES
22 IN THE MANAGEMENT STRUCTURE AND I WANT YOU TO TELL US-- I
23 MEAN, IF YOU'D LIKE TO BRIEFLY SUMMARIZE THOSE RECOMMENDATIONS
24 FOR PUBLIC CONSUMPTION SINCE THIS IS THE FIRST TIME THE PUBLIC
25 WILL HAVE HAD AN OPPORTUNITY TO HEAR IT IF THEY HAVEN'T READ



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1 YOUR SEVERAL HUNDRED PAGE REPORT. SUCCINCTLY REVIEW YOUR
2 RECOMMENDATIONS AND THEN ANSWER FOR US HOW SOON CAN WE
3 REASONABLY EXPECT THESE CHANGES TO BE IMPLEMENTED AND-- LET ME
4 START WITH THAT.

5

6 **KAE ROBERTSON:** OKAY. IN A SUCCINCT ORG. STRUCTURE REVIEW, WE
7 ARE PROPOSING FIVE DIRECTORS REPORT TO THE CHIEF NURSING
8 OFFICER. THOSE DIRECTORS WOULD COVER THE MED/SURG AREA,
9 I.C.U., E.D., PSYCH AND O.R. MATERNAL CHILD. IN TERMS OF THE
10 MEDICAL SIDE, WE'RE PROPOSING AN ADDITIONAL ASSOCIATE DIRECTOR
11 OF MEDICINE OR MEDICAL DIRECTOR, ASSOCIATE MEDICAL DIRECTOR
12 AND HIS ROLE WOULD BE TO REVIEW UTILIZATION MANAGEMENT AND
13 CLINICAL THROUGH-PUT AND QUALITY. WE'RE PROPOSING AN ONSITE,
14 FULL-TIME H.R. DIRECTOR OR VICE PRESIDENT, WHICHEVER TITLE
15 FITS BEST WITHIN THE COUNTY SYSTEM. WE'RE PROPOSING THAT WE
16 BREAK APART THE ROLE OF DIRECTOR OF QUALITY AND RISK
17 MANAGEMENT-- OR QUALITY AND REGULATORY MANAGEMENT SO THAT
18 THERE'S ONE PERSON WHO'S FOCUSED ON REGULATORY AND ONE PERSON
19 FOCUSED ON QUALITY, SINCE THOSE ARE SUCH ENORMOUS ISSUES FOR
20 US RIGHT NOW. I BELIEVE THAT THOSE ARE THE SUBSTANTIVE CHANGES
21 AND RECOMMENDATIONS THAT WE'RE MAKING AND THOSE, WE'RE WORKING
22 WITH THE DEPARTMENT TO IMPLEMENT THOSE AS WE SPEAK.

23

24 **SUP. YAROSLAVSKY:** HOW SOON DO YOU THINK THEY CAN BE
25 IMPLEMENTED?



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1

2 **KAE ROBERTSON:** WE HAVE ON SITE ALREADY THE DIRECTORS OF
3 NURSING IN A TEMPORARY MANNER AND WE ARE, AS OF TODAY, WE HAVE
4 A SECOND PHYSICIAN. WE'RE WORKING WITH H.R. TO FLUSH OUT THE
5 JOB DESCRIPTIONS AND SPECIFICATIONS AS IT RELATES TO THE
6 COUNTY SYSTEM TO BE ABLE TO POST FOR THOSE.

7

8 **SUP. YAROSLAVSKY:** SO HOW SOON WILL ALL OF THE MANAGEMENT
9 RECOMMENDATIONS YOU'VE MADE, WHEN SHOULD WE EXPECT THEM TO BE
10 COMPLETED UNDER NORMAL CIRCUMSTANCES? SIX MONTHS FROM NOW? A
11 YEAR FROM NOW?

12

13 **KAE ROBERTSON:** I WOULD THINK, ON AN INTERIM BASIS, THEY'LL BE
14 COMPLETED WITHIN A WEEK. ON A FULL-TIME, SUSTAINING BASIS,
15 THEY SHOULD BE COMPLETED WITHIN SIX MONTHS.

16

17 **SUP. YAROSLAVSKY:** AND WHERE ARE YOU GETTING THE INTERIM
18 PERSONNEL FROM IN A WEEK?

19

20 **KAE ROBERTSON:** WE'RE PULLING IN SOME OF OUR STAFF RIGHT NOW.

21

22 **SUP. YAROSLAVSKY:** AND DOES YOUR MANAGEMENT PLAN COMPORT WITH
23 THE FACILITY FLOOR PLAN TO CARRY OUT-- ARE YOU GOING TO BE
24 ABLE TO CARRY OUT THE VISION PHYSICALLY IN THAT PLANT? YOU
25 KNOW WHAT I MEAN? I MEAN, DOES THE CURRENT FACILITY ENABLE YOU



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1 TO DO WHAT YOU WANT TO DO? OR ARE PEOPLE GOING TO BE OVER HERE
2 AND OVER THERE?

3

4 **KAE ROBERTSON:** FROM THE MANAGEMENT TEAM?

5

6 **SUP. YAROSLAVSKY:** YES.

7

8 **KAE ROBERTSON:** YOU KNOW, THAT'S SUCH A GREAT QUESTION,
9 ACTUALLY. WE'RE CURRENTLY LOOKING AT...

10

11 **SUP. YAROSLAVSKY:** WELL, THANK YOU.

12

13 **KAE ROBERTSON:** ...A CLOSED UNIT. NOBODY'S ASKED ME THAT. WE'RE
14 CURRENTLY LOOKING AT A CLOSED UNIT SO WE CAN MOVE MANAGEMENT
15 OUT INTO THE MIDDLE OF THE HOSPITAL AND ALL BE TOGETHER BUT BE
16 IN THE HOSPITAL. BECAUSE, RIGHT NOW, MANAGEMENT IS SORT OF
17 LOCKED DOWN FIVE MILES AWAY FROM THE HOSPITAL, IT ALMOST FEELS
18 LIKE. I MEAN, THEY'RE IN THE HOSPITAL BUT THEY'RE VERY
19 DISTANT. AND WE WANT TO BE RIGHT IN THE MIDDLE, RIGHT AS YOU
20 ARE IN THE PATIENT CARE AREA.

21

22 **SUP. YAROSLAVSKY:** SO MY QUESTION IS, CAN THAT BE DONE?

23



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1 **KAE ROBERTSON:** WE BELIEVE WE HAVE THE SPACE TO DO IT. THERE'S
2 SOME SMALL REMODELING AND, YOU KNOW, RUNNING WIRES AND
3 COMPUTERS, THAT SORT OF THING, BUT IT CAN BE DONE.

4

5 **SUP. YAROSLAVSKY:** IT IS A CRITICAL QUESTION AND I'M GLAD YOU
6 RECOGNIZE IT. MY STAFF IS REALLY GOOD AT DRAFTING THESE
7 QUESTIONS.

8

9 **KAE ROBERTSON:** THEY WERE. THAT'S GREAT.

10

11 **SUP. YAROSLAVSKY:** BUT IT IS A QUESTION THAT ALL OF US HAVE
12 BECAUSE THERE HAS BEEN A PHYSICAL AND, AS A RESULT, AN
13 EXECUTION DISCONNECT OR THAT'S PROBABLY THE WRONG WORD, A
14 DISCONNECT BETWEEN WHAT HAPPENS AT THE PLANT AND WHAT HAPPENS
15 UP THE CHAIN OF COMMAND. AND IF IT'S FIVE MILES AWAY, IT MIGHT
16 AS WELL BE 5,000 MILES AWAY, IN SOME RESPECTS. SO THIS IS, I
17 THINK, A VERY CRITICAL ASPECT OF YOUR ACCOUNTABILITY PIECE IN
18 THIS THING. SO I'M GLAD YOU'RE ON THAT. NEXT QUESTION I HAD
19 WAS, ARE YOU PREPARED TO DEAL WITH THE CURRENT CIVIL SERVICE
20 SYSTEM IN ALL OF YOUR RECRUITMENT AND ALL, AND THIS IN YOUR
21 OTHER AREAS AS WELL, THIS WOULD APPLY TO ALL THE OTHER AREAS,
22 AND HOW ARE YOU GOING TO DEAL WITH THE SILO STRUCTURE OF THE
23 SYSTEM, OF THE HOSPITAL THERE WHERE, YOU KNOW, DOCTORS MAY NOT
24 TALK TO NURSES, MAY NOT TALK TO JANITORS AND THERE'S NO--



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1 THERE'S NO INTERCONNECTEDNESS IN THE COMMUNICATION, WHICH IS
2 VITAL TO ANY ORGANIZATIONS' WELLBEING.

3

4 **KAE ROBERTSON:** IN TERMS OF THE PROFESSIONAL DISCIPLINES, WE'RE
5 CREATING JOINT PRACTICE COMMITTEES. WE'RE ALSO INITIATING
6 DISCUSSIONS WITH DREW UNIVERSITY AND FACULTY IN TRYING TO
7 CREATE A BETTER ALIGNMENT. THERE'S HISTORICALLY BEEN
8 SEPARATION OF PHYSICIANS AND NURSES. WE'RE IN DISCUSSIONS TO
9 CREATE SOME BETTER ALIGNMENT AND WAYS THAT WE'RE GOING TO WORK
10 TOGETHER AND DO SOME JOINT PROGRAM DEVELOPMENT.

11

12 **SUP. YAROSLAVSKY:** AND THE CIVIL SERVICE SYSTEM DOES NOT
13 INTIMIDATE YOU FOR WHAT YOU ARE TRYING TO...

14

15 **KAE ROBERTSON:** WELL, THE CIVIL SERVICE SYSTEM, YOU KNOW, IS
16 WORKING AT OTHER HOSPITALS. I THINK IT WILL PROVIDE SOME
17 CHALLENGES TO RECRUIT THE MANAGEMENT TALENT THAT WE NEED GOING
18 FORWARD AND I HAVEN'T YET STARTED TO DELVE INTO WHAT ARE THE
19 SALARY SPECIFICATIONS OF THOSE POSITIONS AND HOW COMPETITIVE
20 WILL THEY BE BUT MY GUESS IS THAT THERE'S A HUGE BENEFIT
21 PACKAGE THAT'S SUPPOSED TO MAKE UP FOR SOME OF THE
22 COMPENSATION. AND I DON'T KNOW IF THAT WILL WORK TO-- IN THIS
23 SITUATION, TO ATTRACT AND RETAIN THE LEADERSHIP THAT WE NEED.

24



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1 **SUP. YAROSLAVSKY:** AND YOU'RE PREPARED TO MAKE ALTERNATIVE
2 RECOMMENDATIONS IF YOU CAN'T RECRUIT APPROPRIATELY?

3

4 **KAE ROBERTSON:** YES.

5

6 **SUP. YAROSLAVSKY:** MR. KNABE ASKED A QUESTION WHICH IS, I
7 THINK, ON ALL OF OUR MINDS AND THAT QUESTION WAS ASKED A FEW
8 MONTHS AGO OF DR. GARTHWAITE AND I REMEMBER HIS ANSWER ABOUT
9 WHETHER IT WAS SAFE. WAS IT SAFE LIKE WHEN YOU'RE DRIVING ON A
10 MOUNTAIN ROAD AND YOU'RE SAFER IF YOU HAVE A GUARDRAIL AND
11 YOU'RE LESS SAFE IF YOU DON'T HAVE A GUARDRAIL. IT DOESN'T
12 MEAN YOU CAN'T NEGOTIATE THE CURVE OF THE ROAD. NOW THAT I
13 FULLY APPRECIATE, AFTER READING YOUR REPORT, I WOULD SAY
14 YOU'RE DRIVING ON A MOUNTAIN ROAD WITHOUT A GUARDRAIL, THE
15 BRAKES ARE FAILING AND THE ROAD IS ICY.

16

17 **KAE ROBERTSON:** AND WE HAVE A FLAT TIRE. [LAUGHTER]

18

19 **SUP. YAROSLAVSKY:** FLIGHT TIRE MIGHT HELP. MY QUESTION TO YOU
20 IS, BASED ON LOSS OF ACCREDITATION IN THREE RESIDENCY
21 PROGRAMS: SURGERY, RADIOLOGY, AND NEONATOLOGY, AND THE
22 PROBATION STATUS OF THREE OTHER PROGRAMS, WHICH CLINICAL
23 SERVICES CAN M.L.K. EFFECTIVELY PROVIDE? AND HOW DO THEY
24 ALIGN, THOSE SERVICES ALIGN, WITH THE COMMUNITY'S HEALTH NEEDS
25 IN SOUTH LOS ANGELES COUNTY?



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1

2 **KAE ROBERTSON:** AGAIN, THAT'S A GREAT QUESTION AND THE QUESTION
3 WE'RE WORKING ON ANSWERING IN THE PROGRAM AND SERVICE SECTION
4 THAT WILL BE MORE COMPLETE FOR FEBRUARY 1ST. BUT WE ARE
5 STARTING WITH AN ASSESSMENT OF THE COMMUNITY NEED, WHAT ARE
6 OUR CURRENT CAPABILITIES AND STRENGTHS? YOU KNOW, WHAT IS
7 AVAILABLE IN THE MARKET AND COMPETITIVE LANDSCAPE? AND THEN,
8 FROM THAT, WHAT WOULD WE RECOMMEND AS OUR...

9

10 **SUP. YAROSLAVSKY:** I WANT TO JUST GO BACK TO GOVERNANCE FOR ONE
11 SECOND. AS YOU ENVISION IT AND I WOULD DIRECT IT AT YOU, KAE,
12 OR AT TOM, WHAT WOULD THE ROLE OF THE BOARD OF DIRECTORS BE
13 VIS-A-VIS DREW UNIVERSITY? I KNOW WHAT YOUR PROPOSAL IS IN
14 TERMS OF OVERSIGHT AND A BUFFER-- AND A FILTER BETWEEN THE
15 HOSPITAL AND THE CHAIN OF COMMAND UPWARDS TO GARTHWAITE AND TO
16 US BUT WHAT ABOUT OVER HERE TO THE DREW UNIVERSITY? DO YOU
17 HAVE ANY THOUGHTS...

18

19 **KAE ROBERTSON:** THAT'S ANOTHER PART THAT WE'RE GOING TO EXPLORE
20 AND CURRENTLY EXPLORING THIS MONTH WITH DREW UNIVERSITY. IN
21 MOST MEDICAL CENTERS, THERE IS A JOINT BOARD OF TRUSTEES AND
22 THERE IS A RELATIONSHIP BETWEEN THE BOARD THAT'S FOCUSED ON
23 THE HOSPITAL AND THE BOARD FOCUSED ON THE UNIVERSITY. WE NEED
24 TO EXPLORE WHAT THAT WOULD BE BUT WE CAN'T LET IT SIDETRACK US
25 FROM HAVING OVERSIGHT FOR THE HOSPITAL AND IN REALLY IMPROVING



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1 THE CLINICAL QUALITY OF CARE. WE THINK, THOUGH, THAT THE
2 COLLABORATION REALLY WILL GIVE US MORE OF AN OPPORTUNITY TO
3 BRING THE RIGHT FACULTY AND PHYSICIANS AND IMPROVE THE MEDICAL
4 SIDE OF QUALITY OF CARE AT THE HOSPITAL.

5

6 **SUP. YAROSLAVSKY:** WOULD THE BOARD OF DIRECTORS OF THE
7 HOSPITAL, AS YOU ENVISION IT, HAVE THEIR OWN STAFF? OR WOULD
8 THEY BE RELYING ON HOSPITAL AND HEALTH DEPARTMENT STAFF?

9

10 **KAE ROBERTSON:** NO, THE BOARD OF DIRECTORS, AS WE'RE
11 ENVISIONING IT, IS A VOLUNTARY BOARD WITHOUT STAFF AND, YOU
12 KNOW, A COMMITMENT TO THE VISION AND MISSION OF MARTIN LUTHER
13 KING HOSPITAL.

14

15 **SUP. YAROSLAVSKY:** AND WHAT WOULD BE THEIR ROLE IN DEFINING
16 PROGRAMS AND SERVICES AT THE HOSPITAL?

17

18 **KAE ROBERTSON:** ANOTHER GREAT QUESTION AND ONE TO BE FLESHED
19 OUT FOR FEBRUARY 1ST. IT WOULD NEED TO BE-- THAT WOULD BE NEED
20 TO BE DONE IN COMBINATION WITH THE DEPARTMENT OF HEALTH
21 SERVICES, DREW UNIVERSITY AND THE BOARD OF SUPERVISORS.

22

23 **SUP. YAROSLAVSKY:** AND WOULD THE BOARD...

24



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1 **DR. THOMAS GARTHWAITE:** ONE THING I WOULD-- JUST, AS PART OF
2 THIS DISCUSSION, THAT CAME UP IN A DISCUSSION I HAD YESTERDAY
3 AT THE STEERING COMMITTEE ON KING DREW IS THAT, NOT UNCOMMONLY
4 IN LARGE ACADEMIC-- IN ACADEMIC MEDICAL CENTERS, THE
5 UNIVERSITY MAY EVEN OWN THE HOSPITAL. SO USUALLY THE
6 UNIVERSITY IS THE BIG PARTNER AND THE HOSPITAL IS A PART OF
7 THAT. AND SO, HERE, THE UNIVERSITY IS RELATIVELY SMALL IN
8 COMPARISON TO THE COUNTY, THE DEPARTMENT OF HEALTH SERVICES
9 AND IT CHANGES THEIR RELATIONSHIP SOMEWHAT SIGNIFICANTLY. AND
10 JUST AS WE THINK ABOUT HOW TO GET THE GOVERNANCE RIGHT, I
11 THINK THAT'S AN IMPORTANT RELATIONSHIP TO-- AS WE TRY TO
12 COMPARE TO OTHER ACADEMIC HEALTH CENTERS TO KEEP IN MIND. SO,
13 YEAH.

14

15 **SUP. YAROSLAVSKY:** IF THE RELATIONSHIP IS SUSTAINABLE, WHICH IS
16 ANOTHER QUESTION BEST FOR ANOTHER TIME. WOULD THE BOARD OF
17 DIRECTORS HAVE THE AUTHORITY TO RAISE FUNDS AND APPROVE
18 CONTRACTS AT THE HOSPITAL? AS YOU ENVISION IT?

19

20 **KAE ROBERTSON:** WE DIDN'T THINK THAT THEY WOULD HAVE FIDUCIARY
21 RESPONSIBILITIES AND, YOU KNOW, THAT...

22

23 **SUP. YAROSLAVSKY:** THAT WAS MY NEXT QUESTION.

24



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1 **KAE ROBERTSON:** THEY WOULD NOT SERVE THE BOARD OF SUPERVISORS
2 AND DHS RESPONSIBILITY AS IT RELATES TO THAT.

3

4 **SUP. YAROSLAVSKY:** I'M NOT SURE WE COULD VOLUNTARILY GIVE UP
5 THAT FIDUCIARY RESPONSIBILITY IF WE WANTED TO. SOME OF US MAY
6 WANT TO. BUT THAT WAS GOING TO BE MY NEXT QUESTION. THERE
7 WOULD BE NO FIDUCIARY RESPONSIBILITY, NO LIABILITY ON THE PART
8 OF THAT BOARD OF DIRECTORS OR ANY OF THEIR INDIVIDUAL MEMBERS,
9 AS FAR AS YOU CAN ENVISION?

10

11 **KAE ROBERTSON:** AS FAR AS WE ENVISION.

12

13 **SUP. YAROSLAVSKY:** SO WHAT IS IT THAT THEY'RE GOING TO DO?

14

15 **KAE ROBERTSON:** THEIR PRIMARY ROLE WILL BE CLINICAL QUALITY,
16 PROGRAM OVERSIGHT, MAKING SURE THAT THE MEASUREMENT AND
17 MONITORING OF BASIC HOSPITAL BUSINESS PROCESSES IS OCCURRING
18 AND THAT THE RESULTS ARE WITHIN THE EXPECTED NORM THAT YOU'D
19 SEE IN A HOSPITAL. CHALLENGING HOSPITAL MANAGEMENT TO MAKE
20 SURE THAT THEY ARE REALLY COMPREHENSIVE IN THEIR ONGOING
21 REVIEW AND LEADERSHIP OF THE HOSPITAL.

22

23 **SUP. YAROSLAVSKY:** SO THEY'RE GOING TO BE DEPENDENT ON TRUTHFUL
24 DISSEMINATION OF INFORMATION BY THE STAFF OF THE HOSPITAL,
25 TOTALLY DEPENDENT ON THE HOSPITAL ADMINISTRATION FOR



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1 INFORMATION THAT WOULD ALLOW THEM TO MAKE THESE KINDS OF
2 JUDGMENTS. ISN'T THAT THE CASE?

3

4 **KAE ROBERTSON:** THEY HAVE, BY VIRTUE OF HAVING THE AMOUNT OF
5 INDUSTRY EXPERTISE AND KNOWLEDGE THAT THEY WOULD HAVE, THEY
6 HAVE THE ABILITY TO UNDERSTAND THAT INFORMATION AND KNOW WHEN
7 IT DOESN'T SMELL RIGHT AND WHEN IT, YOU KNOW, MAYBE IF YOUR
8 QUESTION IS, WILL THE INFORMATION ALWAYS-- YOU HAVE TO ASSUME
9 YOUR INFORMATION IS ACCURATE BUT A GOOD BOARD OF DIRECTORS,
10 WITH KNOWLEDGE OF THE INDUSTRY AND MEDICAL PROCESS AND MEDICAL
11 CARE, WILL KNOW WHEN THINGS PROBABLY ARE NOT WELL GATHERED AND
12 REPORTED AND DATA ISN'T MAKING SENSE.

13

14 **DR. THOMAS GARTHWAITE:** AND THE OTHER THING I THINK THEY COULD
15 DO IS REVIEW EXTERNAL REVIEWS, THE JOINT COMMISSION REVIEWS
16 AND OTHERS AND PUT THOSE INTO PERSPECTIVE. THEY COULD ALSO, I
17 THINK, COMMISSION ADDITIONAL LOOKS, LIKE, FROM THE AUDITOR OR
18 FROM A GROUP OF OTHER OUTSIDE CLINICIANS IN A PARTICULAR AREA.
19 IF THERE'S AN AREA OF CONCERN, THEY COULD BRING IN AN OUTSIDE
20 GROUP, AS WE DO, CERTAINLY, ON OCCASION.

21

22 **SUP. YAROSLAVSKY:** ALL RIGHT. WE'VE GOT SOME PEOPLE SITTING AT
23 THIS TABLE WHO WORK FOR US WHO ARE KNOWLEDGEABLE IN THE FIELD
24 AND WHO SHOULD KNOW AND DO KNOW WHEN THINGS DON'T SMELL RIGHT,
25 AND THAT WASN'T ENOUGH. AND I DON'T JUST MEAN YOU, I MEAN YOUR



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1 PREDECESSOR AS WELL AND HIS PREDECESSOR. I DON'T KNOW HOW FAR
2 BACK MR. GATES WENT BUT THIS IS NOT SOMETHING THAT JUST POPPED
3 UP LAST YEAR. AND I'M CONCERNED-- I'M NOT SURE IF THERE'S
4 ANYTHING YOU CAN DO ABOUT IT. I JUST WANT TO EXPRESS MY
5 CONCERN THAT JUST BECAUSE YOU SET UP AN INDIVIDUAL OR A BODY
6 OF INDIVIDUALS, EVEN IF THEY'RE KNOWLEDGEABLE, YOU'VE GOT TO
7 ENSURE THAT THE INFORMATION THAT GETS SHARED WITH THEM IS
8 ACCURATE, IS TRUTHFUL, THAT INFORMATION IS NOT WITHHELD, AS
9 I'VE BEEN TOLD BY BOTH OF YOU GENTLEMEN THAT YOU HAVE HAD
10 REPEATED INSTANCES OF INFORMATION NOT BEING PROVIDED TO YOU
11 AND INFORMATION THAT'S BEEN WITHHELD. IN FACT, IN ONE CASE, I
12 WAS TOLD THAT A HIGH-RANKING DOCTOR AT THE HOSPITAL INSTRUCTED
13 HIS SUBORDINATES TO KEEP THEIR MOUTHS SHUT AND NOT TO SHARE
14 ANYTHING WITH YOU AFTER A NEWSPAPER REPORTER HAD BEEN SNIFFING
15 AROUND. THAT'S JUST UNACCEPTABLE. BUT IT CAN BE VERY EFFECTIVE
16 FOR A PERIOD OF TIME IN PREVENTING YOU FROM GETTING-- AND
17 ULTIMATELY US, FROM GETTING THE KIND OF INFORMATION UPON WHICH
18 WE CAN MAKE THE KIND OF JUDGMENTS THAT YOU WANT US TO MAKE AND
19 THAT YOU WANT THE BOARD OF DIRECTORS TO MAKE. SO, SOMEHOW,
20 IT'S ALL PART AND PARCEL OF YOUR LEADERSHIP ELEMENT IN YOUR
21 REPORT AND ACCOUNTABILITY AND STANDARDS AND ALL OF THE THINGS
22 THAT HAVE BEEN MISSING. THE LAST QUESTION I HAVE, I'VE TAKEN
23 MORE TIME THAN I WANTED TO AND I HAVE A LOT OF OTHER QUESTIONS
24 BUT I'LL LEAVE THEM FOR LATER AND I MIGHT EVEN JUST LEAVE THEM
25 WITH YOU AND ASK YOU IT ADDRESS THEM FEBRUARY 1ST REPORT.



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1

2 **KAE ROBERTSON:** OKAY. THAT WOULD BE GREAT.

3

4 **SUP. YAROSLAVSKY:** BUT I DO WANT TO ASK ONE LAST QUESTION,
5 WHICH-- YEAH. IN THE INTRODUCTION TO YOUR REPORT, YOU TALK
6 ABOUT CONDITIONS UNDER WHICH NAVIGANT WOULD DETERMINE THAT
7 NONCOMPLIANCE BY THE COUNTY WOULD JEOPARDIZE YOUR
8 OPPORTUNITIES FOR SUCCESS. IT'S KIND OF A GENERIC DESCRIPTION
9 OF WHAT'S SAID IN YOUR REPORT. CAN YOU GIVE US SOME EXAMPLES
10 OF WHAT KIND OF RECOMMENDATIONS REACH THIS THRESHOLD? WHAT IS
11 IT YOU'RE CONCERNED ABOUT? I MEAN, THE WAY IT READ TO ME, WHEN
12 I FIRST READ IT, WAS, UNLESS WE DO A HUNDRED PERCENT OF WHAT
13 YOU ARE RECOMMENDING WE DO, THAT YOU'RE OFF THE HOOK, SO TO
14 SPEAK.

15

16 **KAE ROBERTSON:** THE-- I THINK YOU'RE REFERRING A LITTLE-- THE
17 BEGINNING OF THE REPORT ACTUALLY RESTATES SOME OF THE CONTRACT
18 LANGUAGE. SO, IN THE INTRODUCTION, THERE IS A RESTATEMENT OF
19 CONTRACT LANGUAGE WHICH SAYS THAT THERE'S 30 DAYS AFTER THE
20 FINAL REPORT TO COME TO AGREEMENT OVER THE RECOMMENDATIONS
21 AND, IF THERE ARE CRITICAL ONES, WHICH WE BELIEVE NEED TO BE
22 IMPLEMENTED IN ORDER FOR THE CLINICAL TURNAROUND TO OCCUR AND
23 THE DEPARTMENT AND BOARD OF SUPERVISORS IS NOT ABLE OR WILLING
24 TO SUPPORT THOSE, WE COULD MAKE A CHANGE IN THE RELATIONSHIP
25 WE HAVE. THE TYPES OF RECOMMENDATIONS OF-- ONE EXAMPLE MIGHT



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1 BE THE MONEY TO RENOVATE PSYCHIATRY, WHICH CURRENTLY WE
2 BELIEVE HAS SOME PATIENT SAFETY ISSUES. ANOTHER ONE MIGHT BE
3 THE MONEY FOR TELEMETRY, WHICH ALSO HAS SOME PATIENT SAFETY
4 ISSUES. THERE'S-- SO THERE'S SOME OF THOSE THINGS.
5 ADDITIONALLY, THERE ARE SOME POSITIONS WHICH WE BELIEVE ARE
6 GOING TO BE CRITICAL, BEING ABLE TO HAVE BOTH THE DIRECTOR OF
7 REGULATORY AND DIRECTOR OF QUALITY AND ADDITIONAL ASSOCIATE
8 MEDICAL DIRECTOR. NOT EVERY RECOMMENDATION IS OF THE NATURE
9 THAT IT HAS TO BE DONE IN ORDER FOR US TO BELIEVE WE CAN
10 CREATE THE TURNAROUND THAT NEEDS TO HAPPEN. BUT THERE WILL BE
11 A SELECT FEW THAT RELATE TO THE FACILITY, THAT RELATE TO
12 EQUIPMENT AND RELATE TO PERSONNEL, WHICH WE'LL HAVE TO HAVE IN
13 ORDER TO MAKE THIS HAPPEN.

14

15 **SUP. YAROSLAVSKY:** WHEN DO YOU THINK WE SHOULD BE ABLE TO SEE,
16 OR WHEN DO YOU EXPECT WE'LL BE ABLE TO SEE SOME TURNING OF THE
17 INSTITUTION IN THE RIGHT DIRECTION? I MEAN, WHAT WOULD BE--
18 IF, THREE MONTHS FROM NOW OR SIX MONTHS FROM NOW, WE DON'T SEE
19 MARKED IMPROVEMENT BASED ON SOME MEASUREMENT, WOULD YOU BE
20 DISAPPOINTED OR IS THAT TOO SOON? GIVE US-- WHAT SHOULD WE
21 EXPECT?

22

23 **KAE ROBERTSON:** FOR-- WELL, YOUR-- IF WE SEE SOME TURNING AND
24 MARKED IMPROVEMENT ARE TWO DIFFERENT THINGS. I WOULD EXPECT TO
25 BE-- I'VE ALREADY, ACTUALLY, SEEN SOME PROCESSES THAT ARE



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1 IMPROVING. I THINK WE WILL CONTINUE TO HAVE ISSUES RELATED TO
2 PATIENT CARE, QUALITY AND PATIENT CARE SAFETY. SO I WANT TO BE
3 CLEAR THAT YOU SHOULDN'T EXPECT TO HEAR THOSE STOP SO THAT YOU
4 DON'T CALL ME AND SAY, "YOU KNOW, YOU SAID IT WAS FIXED AND
5 IT'S NOT," BUT WE ARE SEEING SOME PROCESS IMPROVEMENTS THAT
6 ARE GREAT WINS. IN TERMS OF A TURNING, I WOULD SAY GIVE US
7 ANOTHER THREE MONTHS. IN TERMS OF STARTING TO FEEL MUCH
8 BETTER, SIX MONTHS. I'VE HAD A CONVERSATION WITH OUR STAFF
9 ABOUT, YOU KNOW, SEVEN DAY A WEEK COVERAGE. AS YOU KNOW, WE'VE
10 INSTITUTED SEVEN DAY A WEEK COVERAGE. I THINK WE ARE ALSO
11 TALKING TO THEM NOW ABOUT 24/7 COVERAGE BECAUSE WE BELIEVE
12 THAT A BOLUS OF LEADERSHIP AND SUPPORT RIGHT NOW, THERE IS
13 ENTHUSIASM AND A WILLINGNESS TO WORK VERY CLOSELY WITH US BY
14 ALL THE STAFF THAT WE'VE ENCOUNTERED LATELY. I THINK NOW IS
15 THE TIME TO DO THAT AND, IN THE NEXT SIX MONTHS, WE'LL HAVE A
16 MUCH DIFFERENT HOSPITAL IF WE DO THAT.

17

18 **SUP. YAROSLAVSKY:** IF YOUR FEBRUARY REPORT, ARE YOU GOING TO
19 PRIORITIZE, IN SOME FASHION, WHAT NEEDS TO BE DONE? I DON'T
20 GET THAT SENSE.

21

22 **KAE ROBERTSON:** YES. WE'RE CREATING A PRIORITIZATION. WE'RE
23 ALSO CREATING THOSE AREAS WHICH ARE CRITICAL TO DO, AS YOU
24 SORT OF MENTIONED EARLIER IN TERMS OF THE RECOMMENDATIONS THAT
25 WE BELIEVE ARE ESSENTIAL FOR US TO MOVE FORWARD.



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1

2 **SUP. YAROSLAVSKY:** THANK YOU.

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. YAROSLAVSKY AND MS. BURKE,
5 ON SOME OF THE QUESTIONS THAT YOU ASKED, I HAD AN OPPORTUNITY
6 TO MEET WITH MS. ROBERTSON ON THE EXACT ISSUE OF
7 ACCOUNTABILITY. THERE IS A WHOLE SENSE OF THE FACT THAT THE
8 BOARD HAS NOT BEEN HANDLING THE ISSUES OF MARTIN LUTHER KING
9 WELL AND, OF COURSE, WE'VE BEEN APPROPRIATELY CRITICIZED. BUT,
10 AT THE SAME TIME, WE'VE BEEN RELYING ON INFORMATION THAT IS
11 PRESENTED TO US AND WE KEEP THING WE MAKE RECOMMENDATIONS,
12 WHETHER IT BE THROUGH AUDITS, THROUGH HIRING CONSULTANTS,
13 THROUGH HIRING PERSONNEL, TO TAKING ACTIONS, WE KEEP
14 ATTEMPTING TO MAKE THE RIGHT DECISIONS. I EXPRESSED TO
15 NAVIGANT CLEARLY THAT THERE'S A REAL PROBLEM HERE. BECAUSE I
16 DON'T KNOW THAT, SIX MONTHS FROM NOW, AS WE DID WITH CAMDEN,
17 THAT THEY'RE GOING TO TELL US EVERYTHING IS WELL. WE RETRAINED
18 EVERYBODY, EVERYBODY IS ON TRACK, EVERYBODY IS DOING THE WHOLE
19 THING AND THEN, AT THE END, WE FIND OUT THAT NURSES ARE STILL
20 TOTALLY INCOMPETENT. SO-- AND THAT DOESN'T DO US A BIT OF GOOD
21 BECAUSE WE PAID THEM ALL THIS MONEY, WE TRUSTED THEM AND WE
22 CAME BACK WITH NOTHING. I HAD AN OPPORTUNITY, IN TALKING TO
23 KAE AS WELL AS TO DENISE, I THINK IT WAS...

24

25 **KAE ROBERTSON:** THAT'S CORRECT.



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1

SUP. MOLINA, CHAIR: ...AND ELLIOTT, I DON'T KNOW ALL THEIR
LAST NAMES, I JUST REMEMBER THEIR FIRST NAMES, I APOLOGIZE,
AND ONE OF THE THINGS THAT THEY SHOWED US THAT IS COMING BACK
TO US IN FEBRUARY IS THAT EACH OF THESE RECOMMENDATIONS, EACH
ONE IS PUT ON A MONITORING SCHEDULE. EACH AND EVERY SINGLE
ONE, INCLUDING THE APPOINTMENT OF THE DIRECTORS, THE BOARD OF
DIRECTORS AND EACH ONE HAS A TIME FRAME OF WHAT IT IS THAT WE
NEED TO ACHIEVE, WHEN WE NEED TO ACHIEVE IT. FOR EXAMPLE, IN
THE O.R., HOW LONG PEOPLE WILL BE WAITING IN ORDER-- I DON'T
REMEMBER THE EXACT TERM BUT THERE IS A MEDICALLY PROFESSIONAL
TIME THAT THEY'RE SUPPOSED TO BE-- WHAT IS THE TERM THAT WAS
USED?

14

KAE ROBERTSON: WELL, THERE WERE TWO THINGS. ONE WAS START TIME
AND THEN THE NEXT WAS FROM PATIENT IN THE ROOM TO TIME OF
INCISION. IF YOU READ THE REPORT, THERE IS SOME CONCERN, YOU
KNOW, THE FACT THAT THAT'S NOT BEING MEASURED.

19

SUP. MOLINA, CHAIR: TIME FROM. AND THEY'RE TAKING WHAT IS THE
NATIONAL STANDARD AND WE'RE GOING TO ADHERE TO THAT NATIONAL
STANDARD AND WE'RE WAY OUT OF WHACK. AND SO, AND, IN ORDER TO
DO THAT, YOU HAVE TO DO, LIKE, 16 OTHER THINGS TO FIX THAT ONE
THING. AND BECAUSE IT'S GOING TO BE ON A TIME FRAME AND IT'S
GOING TO BE MONITORED AND, AT ANY POINT IN TIME, EACH OF US,



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1 AS MEMBERS OF THIS BOARD, CAN PULL THAT DOCUMENT IN SOME
2 FASHION...

3

4 **KAE ROBERTSON:** THAT'S CORRECT.

5

6 **SUP. MOLINA, CHAIR:** ...AND WE COULD REVIEW HOW THEY ARE
7 ACHIEVING THOSE STANDARDS. BUT IT'S MY UNDERSTANDING, IF WE
8 PUT IN PLACE AN EFFECTIVE BOARD OF DIRECTORS, THAT IS THE
9 FIRST TOOL THAT THEY'LL BE USING INITIALLY. LATER ON,
10 HOPEFULLY, THAT IS WHAT'S CHANGING THE CULTURE AND BRINGING
11 IN, HOPEFULLY, THE KIND OF PROFESSIONALISM THAT WE WOULD
12 EXPECT AT ANY OF OUR HOSPITALS TO BE THERE. I THINK THAT THERE
13 IS-- HAS BEEN SOME INGRAINED CULTURE AND HIERARCHY THAT HAS
14 DEPRESSED REGULAR MANAGEMENT RESPONSIBILITIES AND DUTIES, AND
15 WE HAVE TRUSTED THEM, UNFORTUNATELY. BUT I THINK NOW WE'RE
16 GOING TO HAVE, AS I UNDERSTAND, A DOCUMENT THAT IS GOING TO BE
17 AVAILABLE TO US, AND SOME WILL BE FASTER PRIORITY THAN OTHERS
18 AND EACH ONE OF THOSE RECOMMENDATIONS IN THE BIG NOTEBOOKS
19 THAT WERE DELIVERED TO US WILL BE PLACED ON A TIME FRAME. THEY
20 WILL BE MONITORED, THEY WILL HAVE AN ACCOUNTABILITY OF WHO IS
21 DOING IT AND WHO WILL BE RESPONSIBLE, EVERYTHING FROM
22 TRAINING, EVERYTHING TO MONITORING TIME FRAMES. AND THAT
23 PROVIDED ME AN AWFUL LOT OF ASSURANCES. I STILL FEEL VERY
24 SKEPTICAL. I MEAN, WE'LL SEE, THREE MONTHS OUT, WHERE THEY ARE
25 AS TO HOW WELL, BECAUSE I DO THINK THAT THERE ARE PEOPLE



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1 UNDERMINING, UNDERMINING OUR EFFORTS TO MAKE THESE
2 CORRECTIONS. WHY, I DON'T KNOW. IT'S HARD FOR ME TO UNDERSTAND
3 WHY ANYONE WOULD WANT TO UNDERMINE EVERY EFFORT TO TRY AND
4 KEEP THE HOSPITAL OPEN BUT IT SEEMS AS THOUGH THERE ARE PEOPLE
5 INTENTIONALLY UNDERMINING, PEOPLE WHO DO EVERYTHING, FROM EVEN
6 CALLING AUTHORITIES ON EACH OTHER, KNOWING FULL WELL AND WE
7 UNDERSTAND ALL THESE THINGS ARE GOING ON. DOCTORS WHO JUST
8 DON'T SEEM TO TAKE ANY OWNERSHIP OF PATIENTS AND THINK THAT
9 NURSES ARE NOW RESPONSIBLE FOR THEM. A LOT OF THINGS THAT ARE
10 VERY UNSETTLING TO MANY OF US. BUT I WAS-- I HAD A LITTLE BIT
11 OF CONFIDENCE FROM THE OUTLINE OF THAT REPORT BECAUSE IT'S
12 TANGIBLE. WE ALWAYS ASSUME, AND MAYBE INCORRECTLY SO, THAT IF
13 THIS BOARD ADOPTS A RECOMMENDATION AND SAYS IMPLEMENT A
14 RECOMMENDATION, IT IS THE RESPONSIBILITY OF THE MANAGEMENT
15 THAT WE HIRE TO IMPLEMENT THOSE RECOMMENDATIONS. I HAVE FOUND,
16 TIME AND TIME AGAIN, UNDER EVERYTHING I HAVE DONE IN THE
17 MEDICAL MALPRACTICE ISSUE THAT I HAVE TO MONITOR IT LIKE A
18 HAWK BECAUSE IT DOESN'T GET IMPLEMENTED. AND SOMETIMES YOU
19 THINK, WHEN YOU SAY IMPLEMENTED, THAT MEANT ACROSS THE BOARD.
20 THEY SAY, "OH, NO, WE JUST IMPLEMENTED IT IN THAT DEPARTMENT"
21 OR "WE JUST IMPLEMENTED IT FOR THAT DOCTOR," OR "WE JUST
22 RETRAINED THAT NURSE. WE DIDN'T RETRAIN THE ENTIRE..." IT'S
23 JUST VERY-- YOU HAVE TO BE VERY CAREFUL WITH YOUR WORDS.
24 OTHERWISE, THERE IS A CULTURE, NOT JUST IN THE HOSPITAL BUT IN
25 THE ENTIRE DEPARTMENT, THAT SAYS, "OH, IS THAT WHAT YOU MEANT,



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1 YOU MEANT EVERYBODY SHOULD MEET THAT PROFESSIONAL STANDARD?"
2 AND IT'S JUST REALLY AWKWARD SITUATIONS FOR US. BECAUSE, ON
3 OUR SIDE OF THE TABLE, WE MAKE ASSUMPTIONS THAT WE ARE DEALING
4 WITH PROFESSIONALS ON THE OTHER SIDE AND THAT IS, AGAIN, NOT
5 AS A NEGATIVE, DR. GARTHWAITE, THAT IS ABOUT THERE ARE MANY
6 PEOPLE IN YOUR DEPARTMENT WHO HAVE BEEN THROUGH A CULTURE THAT
7 HAS BEEN UNBELIEVABLE, THAT WE KEEP THINKING THAT WE'RE
8 OVERCOMING IT BY TIME. BUT I FIND, TIME AND TIME AGAIN, THE
9 LACK OF IMPLEMENTATION AND OVER AND OVER, WHETHER IT BE A
10 HUMAN RESOURCES PROBLEM. AND NOT JUST AT M.L.K., BY THE WAY, I
11 HAVE SERIES OF ISSUES THAT ARE RECURRING CONSTANTLY AT L.A.
12 COUNTY U.S.C. THAT I THINK WE'VE TAKEN CARE OF AND THEY ARE
13 THERE, WHETHER IT BE IN NURSE RECRUITMENT AREAS, WHETHER IT BE
14 IN AREAS OF PHARMACY, ALL KINDS OF ISSUES THAT CONTINUE TO
15 COME UP THAT SHOULD NOT HAVE TO BE CONTINUED, THAT SHOULD BE
16 MANAGED MORE EFFECTIVELY. BUT THE ISSUE IS WE HAVE TO TRUST
17 IT. SO JUST TO SAY TO YOU THAT IT IS MY UNDERSTANDING THAT, ON
18 THE FIRST OF FEBRUARY, WE ARE GOING TO GET A DOCUMENT THAT
19 OUTLINES, AND CORRECT ME IF I AM WRONG, MISS ROBERTSON, THAT
20 OUTLINES EACH OF THE ITEMS THAT WERE RECOMMENDED IN THE BIG
21 BOOK THAT ARE GOING TO HAVE A TIME FRAME, AN IMPLEMENTATION
22 GUIDELINE, A MONITORING MECHANISM, WHO IS RESPONSIBLE FOR IT,
23 HOW AND WHEN IT WILL GET DONE AND IT WILL ALSO CREATE A
24 MECHANISM AS TO WHEN THINGS ARE NOT GOING TO BE MET, AS TO HOW
25 THEY'RE GOING TO BE REVISED OR WHAT NEEDS TO BE DONE IN ORDER



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1 TO IMPROVE WHETHER, IN FACT, THAT'S AN ACHIEVABLE
2 RECOMMENDATION OR NOT. IS THAT CORRECT?

3

4 **KAE ROBERTSON:** THAT'S CORRECT, SUPERVISOR MOLINA.

5

6 **SUP. MOLINA, CHAIR:** SO I THINK IT MIGHT BE WORTHWHILE IF YOU--
7 BECAUSE I THINK WE NEED TO DEVELOP THAT CONFIDENCE AND IT MAY
8 BE GIVING NAVIGANT MORE OF-- CONFIDENCE THAN THEY DESERVE OR
9 NOT, I DON'T KNOW BUT I'M NERVOUS ABOUT IT AND THAT'S WHY I
10 WANT TO SEE IT MONITORED IN THAT WAY. SO THAT'S ONE ISSUE. THE
11 OTHER ISSUE IS THE ISSUE OF KING-- OF DREW. DR. GARTHWAITE, I
12 ASKED YOU IF YOU WOULD BE DEVELOPING THE SAME BASELINE FOR US.
13 YOU'RE GOING TO DO THAT ON THE 1ST AS WELL. RIGHT?

14

15 **DR. THOMAS GARTHWAITE:** RIGHT. WE'RE WORKING ON THAT.

16

17 **SUP. MOLINA, CHAIR:** IN WHICH I'M HOPING THAT THE SAME KIND OF
18 RECOMMENDATIONS THAT NAVIGANT HAS MADE EXCLUSIVELY ON THE
19 HOSPITAL, NOT ON DREW, THAT WE ARE GOING TO CREATE THE SAME
20 KIND OF BASELINE STANDARD OF WHAT IT IS THAT AN AFFILIATION
21 AGREEMENT SHOULD HAVE. THAT ISN'T JUST A PAPER AGREEMENT. WHAT
22 ARE THE DUTIES THAT DREW HAS TO US AND WHAT DUTIES DO WE HAVE
23 TO DREW? WHERE ARE THEY LACKING? WHAT NEEDS IMPROVEMENT? AND
24 WHAT IS GOING TO BE THE BASELINE OF WHAT WOULD BE CONSIDERED
25 THE APPROPRIATE MEDICAL STANDARD AS TO AFFILIATION WITH ANY



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1 MEDICAL SCHOOL AND ANY HOSPITAL? SO YOU'RE GOING TO HAVE THAT
2 FOR US ON THE 1ST?

3

4 **DR. THOMAS GARTHWAITE:** WE'RE WORKING ON THAT, SUPERVISOR, YES.

5

6 **SUP. MOLINA, CHAIR:** SO THAT WE WILL KNOW EXACTLY WHAT IS
7 OUTSTANDING. AND IT'S, YOU KNOW, AGAIN, THE ONLY WAY THAT WE
8 CAN MONITOR WHAT IS GOING ON IS IF WE'RE GETTING THE
9 INFORMATION AND THAT WE'RE-- AND THAT EVERYBODY IS DOING THEIR
10 JOB. OUR ASSUMPTION ON THIS SIDE OF THE TABLE IS THAT, EVERY
11 TIME WE MAKE THIS COMMAND OR PROVIDE THIS EDICT TO THE
12 DEPARTMENTS THAT, IT'S GOING TO GET DONE. WELL, WE NOW KNOW
13 THAT DOESN'T HAPPEN OVER AND OVER AGAIN. BUT MY CONCERN IS
14 THAT I DON'T THINK THAT YOU HAVE ENOUGH EXPERIENCE, AND I
15 DON'T MEAN TO BE DISRESPECTFUL TO YOU, OF THE KIND OF CULTURE
16 YOU'RE DEALING WITH. WE'RE NERVOUS ON OUR END OF IT BECAUSE WE
17 DO THINK THAT, SOMEWHERE IN THERE, FOR WHATEVER REASON, THERE
18 ARE PEOPLE TRYING TO UNDERMINE THIS MISSION AND THE MISSION
19 HERE IS TO SAVE THE HOSPITAL AND TO SAVE THOSE PATIENT BEDS
20 AND TO SAVE THOSE SERVICES. AND WE'RE TRYING TO DO IT ALL
21 WITHIN THE FRAMEWORK OF WE CAN ONLY DO WHAT WE CAN DO. AND SO,
22 HOPEFULLY, THAT WHAT NAVIGANT WILL BE DOING FOR US IS CREATING
23 THE KIND OF ACCOUNTABILITY THAT'S VERY TANGIBLE, THAT WE COULD
24 PICK UP AND REVIEW. YOU SAID THAT, BY MARCH 29TH, THIS WOULD
25 BE FIXED AND, HOPEFULLY, WE'LL KNOW WHY IT HASN'T BEEN FIXED,



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1 WE'LL KNOW THAT MAYBE WE DIDN'T GET THAT DOCTOR HIRED WITH
2 ENOUGH TIME, WE DIDN'T GET THAT NURSE TRAINER IN WITH ENOUGH
3 TIME. WE'LL KNOW. AT LEAST WE'LL HAVE AN IDEA OF WHAT NEEDS TO
4 BE FIXED IN ORDER TO MEET THAT STANDARD. NOW, THAT IS THE
5 CONFIDENCE AND THAT IS THE TRUST THAT I AM PUTTING IN THIS
6 REPORT. I HOPE IT'S NOT MISGUIDED BECAUSE I NEED SOMETHING,
7 OTHER THAN-- EVEN IF I PHYSICALLY WENT THERE EVERY DAY, I
8 DON'T KNOW ENOUGH ABOUT HOW TO MANAGE A HOSPITAL OR KNOW
9 ANYTHING ABOUT HOW TO MANAGE A HOSPITAL, AND YET THERE ARE
10 PEOPLE HOLDING ME ACCOUNTABLE FOR AT LEAST HIRING AND BRINGING
11 IN THE PERSONNEL TO TELL ME WHAT TO DO. THERE IS NO DOUBT THAT
12 THIS BOARD OF DIRECTORS, AS I UNDERSTAND, WILL BE VERY
13 HELPFUL. BUT AGAIN, EVEN FROM THE DOCUMENTATION THAT WAS
14 PRESENTED TO US, THE BOARD OF DIRECTORS CAN ONLY HAVE SO MUCH
15 AUTHORITY. IT'S MY UNDERSTANDING THAT THEY ARE THE ONES THAT
16 WILL HAVE BETTER KNOWLEDGE, AT LEAST AS TO WHETHER OUR MEDICAL
17 RESOURCES ARE BEING PROPERLY UTILIZED, WHETHER IT BE PHARMACY,
18 WHETHER IT BE NURSING, WHETHER IT BE MEDICAL DOCTORS, THAT
19 THEY ARE GOING TO BE IN A POSITION TO BETTER TELL US OF THE
20 RESOURCES WITHIN THE HOSPITAL. THAT IS, THE KIND OF PERSONNEL
21 THAT ARE NEEDED IN ORDER TO IMPLEMENT ALL OF THE THINGS THAT
22 NEED TO BE DONE TO MEET THOSE SERVICES, THAT THEY'RE GOING TO
23 HAVE THE CAPABILITY, PROFESSIONAL CAPABILITY TO EVALUATE THE
24 FINANCIAL RESOURCES AVAILABLE IN THOSE AREAS AND WHETHER THEY
25 NEED TO BE REDIRECTED. THEY'RE ALSO GOING TO HAVE THE ABILITY



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1 TO TELL US WHAT IS LACKING AND WHAT NEEDS TO BE PUT IN PLACE
2 FROM THEIR OWN PROFESSIONAL KIND OF EXPERIENCE AND KNOWLEDGE,
3 IS MY UNDERSTANDING, WITH THE GUIDANCE OF NAVIGANT. SO THAT,
4 EVENTUALLY, WHAT, AS I UNDERSTAND FROM THIS, ONCE WE PUT THIS
5 IN PLACE, WE'RE GOING TO HAVE A TREMENDOUS CULTURE CHANGE OF
6 ACCOUNTABILITY, WHICH I THINK HAS BEEN ABSENT AND NOT JUST AS
7 I UNDERSTAND FROM THE HOSPITAL BUT ALSO FROM THE DEPARTMENT OF
8 HEALTH SERVICES, BECAUSE ACCOUNTABILITY WORKS BOTH WAYS. AND I
9 KNOW THAT THE COMMUNITY WAS VERY CONCERNED ABOUT THE FACT THAT
10 WE WEREN'T HOLDING THE DEPARTMENT OF HEALTH SERVICES
11 ACCOUNTABLE BUT NOW IT'S GOING TO WORK BOTH WAYS, WHERE WE'RE
12 GOING TO HAVE THAT DOCUMENT THAT TELLS US EXACTLY SO. SO
13 PLEASE CORRECT ME IF I AM WRONG ABOUT MY EXPECTATION OF WHERE
14 WE'RE GOING ON THE FEBRUARY 1ST OUTLINE.

15

16 **KAE ROBERTSON:** NO, YOUR EXPECTATIONS ARE CORRECT. IT WILL
17 INCLUDE NOT ONLY THE RECOMMENDATIONS BUT AN ACTION PLAN TO
18 IMPLEMENT EACH RECOMMENDATION AS WELL AS ACCOUNTABLE
19 INDIVIDUAL FOR MAKING SURE EACH OF THE STEPS OCCURS AND DUE
20 DATES. ADDITIONALLY, THERE WILL BE PERFORMANCE MEASURES FOR
21 EACH AREA, WHICH WE WILL CREATE A BASELINE AND BEGIN
22 MONITORING AND TRACKING. WE'LL ALSO IDENTIFY WHAT A COMMUNITY
23 OR BEST SORT OF EXPECTED HOSPITAL PRACTICE FOR THAT
24 PERFORMANCE MEASURE WOULD BE AND THAT WILL BE PART OF OUR



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1 TRACKING. AND THOSE ARE THE REPORTS THAT WILL BE AVAILABLE TO
2 THE BOARD ON A REGULAR BASIS.

3

4 **SUP. MOLINA, CHAIR:** THEN THE ONLY-- THE ISSUE IS, AS WE DEFINE
5 IN THE AREAS OF GOVERNANCE, FIRST OF ALL, THE BOARD OF
6 DIRECTORS OR THIS-- FOR JUST THE HOSPITAL AND EVENTUALLY
7 DEALING WITH THE ISSUE OF THE AUTHORITY, IS TO PUT THE MEAT ON
8 THE BONES OF THE KIND OF FOLKS THAT WE WOULD NEED ON THERE AND
9 THE KIND OF RESPONSIBILITY. IT IS MY UNDERSTANDING THAT, IN
10 THE BOARD OF DIRECTORS, WHAT THEY WILL NOT HAVE IS A FIDUCIARY
11 RESPONSIBILITY, CERTAINLY THEY WON'T HAVE LIABILITY, EITHER,
12 BUT THEY WILL BE MAKING RECOMMENDATIONS DIRECTLY TO US. AND I
13 WANT TO SAY "US", RIGHT? TO THE BOARD OF DIRECTORS-- TO THE
14 BOARD OF SUPERVISORS OF RESOURCE CHANGES THAT THEY NEED,
15 FINANCIAL CHANGES THAT THEY NEED, PERSONNEL CHANGES THAT NEED
16 TO BE IMPLEMENTED AND WE NEED TO REINFORCE THEM, AS MY
17 UNDERSTANDING, IN ORDER TO MAKE SURE, AS WELL AS THE
18 ACCOUNTABILITY MEASURES. SINCE THEY-- THEY'RE GOING TO HAVE TO
19 ADHERE TO ALL CIVIL SERVICE RULES BUT THEY'RE GOING TO HAVE
20 THE ABILITY TO MAKE RECOMMENDATIONS TO US AS TO DISCIPLINE.
21 THEY'RE GOING TO HAVE THE RECOMMENDATIONS AS TO WHETHER PEOPLE
22 SHOULD BE TERMINATED, WHETHER OTHER POSITIONS SHOULD BE
23 ENHANCED OR CHANGED. WE HAVE THE AUTHORITY TO IMPLEMENT THAT,
24 SO DOES THE DEPARTMENT. BUT IT WILL COME TO US SO THAT WE KNOW
25 EXACTLY WHAT THAT IS. IS THAT CORRECT?



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1

2 **KAE ROBERTSON:** AND WE'LL BE PUTTING THAT TOGETHER FOR FEBRUARY
3 1ST.

4

5 **SUP. MOLINA, CHAIR:** ALL RIGHT. AS FAR AS-- AND MS. BURKE HAD A
6 MOTION AND WE WOULD SAID THAT THE APPROPRIATE TIME WOULD BE
7 WHEN, IN FACT, THE MOTION FOR THE BOARD OF DIRECTORS WOULD
8 COME INTO PLACE WAS ONCE WE KNEW EXACTLY THE KIND OF FOLKS
9 THAT NEED TO BE PLACED ON THERE. I THINK THAT YOUR WERE GOING
10 TO LET US KNOW ON THE FEBRUARY 1ST MEETING AS TO, YOU KNOW, SO
11 MANY MEDICAL DOCTORS AND MAYBE SO MANY PEOPLE WITH CLINICAL OR
12 PHARMACEUTICAL EXPERIENCE. BUT YOU'RE GOING TO GIVE US THE
13 MAKEUP OF WHAT AN IDEAL GROUP OF FOLKS WOULD BE AS FAR AS THE
14 BOARD OF DIRECTORS, IS THAT CORRECT?

15

16 **KAE ROBERTSON:** THAT'S CORRECT.

17

18 **SUP. MOLINA, CHAIR:** AND WHILE THEY DON'T HAVE A NAME AND I
19 THINK BOTH MS. BURKE AND MR. YAROSLAVSKY ARE TRYING TO FIGURE
20 OUT HOW TO FAST TRACK HOW THAT WOULD HAPPEN. SO THE ISSUE IS,
21 DO WE PUT IN A MOTION, AS MS. BURKE WANTS TO DO, TO JUST FAST
22 TRACK IT, OR HOW-- WILL YOU BE MAKING-- COLLECTIVELY, BE
23 MAKING A SERIES OF PEOPLE WHO MIGHT BE AVAILABLE, SUCH AS THE
24 FOLLOWING DOCTORS OR THE FOLLOWING FOLKS? HOW ARE YOU GOING TO
25 DO THAT? AND I THINK MS. BURKE WOULD LIKE TO KNOW AS WELL AND



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1 I KNOW THAT THAT'S THE ISSUE WE WERE SAVING FOR TODAY'S
2 MEETING. HOW WILL YOU DO THAT?

3

4 **KAE ROBERTSON:** HOW WILL WE MAKE RECOMMENDATIONS AS TO THE
5 INDIVIDUAL PEOPLE?

6

7 **SUP. MOLINA, CHAIR:** INDIVIDUAL PEOPLE, THAT'S CORRECT.

8

9 **KAE ROBERTSON:** I THINK WHAT WE WERE EXPECTING IS WE WOULD
10 IDENTIFY THE TYPES AND WORK WITH THE DEPARTMENT AND THE
11 UNIVERSITY AND, YOU KNOW, SORT OF THE CONTACTS THAT WE HAVE TO
12 IDENTIFY A SLATE OF INDIVIDUALS WHO MIGHT FILL THOSE ROLES. WE
13 ALSO HAVE AN ADVISORY GROUP WHO ALREADY EXIST THAT WE WOULD
14 THINK PROVIDES SOME OF THE NUCLEUS OF THOSE INDIVIDUALS AND
15 WE'D BE LOOKING TO THEM TO ALSO WORK WITH US TO FLESH OUT THE
16 POTENTIAL MEMBERSHIP.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT.

19

20 **DR. THOMAS GARTHWAITE:** SUPERVISOR, I WOULD SUGGEST THAT WE CAN
21 WORK WITH NAVIGANT AND LOOK AT THE WAY THAT THESE KIND OF
22 BOARDS HAVE BEEN CONSTITUTED IN OTHER SETTINGS TO SEE IF
23 THERE'S A MECHANISM. I THINK SUPERVISOR YAROSLAVSKY MENTIONED,
24 YOU KNOW, DO PEOPLE-- CERTAIN GROUPS NOMINATE CERTAIN MEMBERS
25 AND THEN YOU SELECT FROM A SLATE OF CANDIDATES? OR HOW MIGHT



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1 THAT BEST BE DONE? THERE HAVE BEEN SEVERAL MECHANISMS HAVE
2 BEEN PROPOSED IN THE PAST. I THINK THE MARGOLAN COMMISSION
3 THAT LOOKED AT THIS IN THE PAST SUGGESTED ONE MECHANISM. I
4 KNOW THERE'S SEVERAL OTHERS. SO, I MEAN, THAT'S AT LEAST
5 SOMETHING WE COULD DO.

6

7 **SUP. MOLINA, CHAIR:** BUT THE ISSUE HERE FOR ALL OF US IS THAT
8 WE NEED SOMETHING, LIKE, RIGHT AWAY. IF, IN FACT, NAVIGANT
9 SAYS, YOU KNOW, "WE NEED THREE MEDICAL DOCTORS, A PHARMACIST,
10 A FINANCIAL MANAGEMENT PERSON" AND SO ON, HOPEFULLY, BY THE
11 FOLLOWING WEEK, WE WOULD KNOW WHO WE WANT ON THIS BOARD
12 BECAUSE WE'D LIKE TO SEE IT MOVE AS QUICKLY AS POSSIBLE. I
13 THINK THOSE ARE THE QUESTIONS THAT HAD BEEN RAISED AND I'M
14 INTERESTED AS WELL BECAUSE THERE'S NO NEED TO BE DELAYING IT.
15 AND I CERTAINLY-- I GUESS WHAT I DON'T WANT, I DON'T WANT TO
16 IMPOSE A POLITICAL-- I KNOW. JUST A SECOND.

17

18 **SUP. BURKE:** AND I HAD A QUESTION, TOO.

19

20 **SUP. MOLINA, CHAIR:** RIGHT. SHE'S NEXT. I DON'T WANT TO IMPOSE
21 A POLITICAL OUTLINE ON WHO SHOULD BE ON THIS. I WOULD RATHER
22 HAVE PROFESSIONALS TELL ME THIS IS THE KIND OF TEAM THAT YOU
23 NEED IN ORDER TO MANAGE MOST OF THE ISSUES THAT ARE THERE
24 INSTEAD OF MY MAKING A POLITICAL APPOINTMENT. DO YOU
25 UNDERSTAND WHAT I'M SAYING?



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1

2 **DR. THOMAS GARTHWAITE:** MM HM.

3

4 **SUP. MOLINA, CHAIR:** I WOULD HOPE THAT YOU WOULD HAVE THE
5 SENSITIVITY TO AT LEAST BE INCLUSIVE OF LIKE- MINDED PEOPLE
6 THAT REPRESENT THAT COMMUNITY, THAT ARE INTERESTED IN THAT
7 COMMUNITY, SO THAT WE DON'T HAVE TO DEAL WITH THOSE ISSUES.
8 BUT I WOULD PREFER THAT I WOULD NOT HAVE TO SAY TO YOU, "I
9 WOULD RATHER HAVE DOCTOR SO-AND-SO OR NURSE SO-AND-SO." I'D
10 RATHER NOT HAVE TO DO THAT, SO I GUESS WE'RE LOOKING AGAIN...

11

12 **KAE ROBERTSON:** WE'LL INCLUDE A MECHANISM AND A PROCESS IN THE
13 FEBRUARY REPORT FOR HOW BEST TO DO THAT AND WE'LL CREATE ONE
14 THAT'S IN AN EXPEDITED WAY FOR THE BOARD TO WORK OFF OF.

15

16 **SUP. MOLINA, CHAIR:** ALL RIGHT. AND THEN THE OTHER ASPECT, ON--
17 IN THE FEBRUARY 1ST REPORT AS WELL, I THINK WHAT WE NEED TO DO
18 IS-- AND I DON'T KNOW HOW SOON, IS TO RECOMMEND TO US WHEN IT
19 IS, THERE'S NO DOUBT THAT, AT ANY TIME, WE COULD ASK AND WE
20 CAN GO AND WE CAN PULL THIS REPORT THAT TALKS ABOUT A TIME
21 FRAME. BUT IT WOULD BE UNFAIR TO SAY THAT, AFTER FEBRUARY 1ST,
22 YOU KNOW, COME BACK ON FEBRUARY 15TH AND TELL US HOW YOU'RE
23 DOING, THAT'S INAPPROPRIATE. BUT THAT YOU WOULD OUTLINE FOR US
24 WHEN WOULD BE APPROPRIATE TO HAVE EXPECTATIONS OF MAYBE-- AND
25 YOU HAD OUTLINED YOUR GOALS INITIALLY ON HERE AS THOSE THAT



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1 WERE-- I DON'T WANT TO SAY FAST TRACKED, BUT BASICALLY THEY
2 WERE ISSUES THAT WE'RE GOING TO MOVE...

3

4 **KAE ROBERTSON:** WERE URGENT IN NATURE.

5

6 **SUP. MOLINA, CHAIR:** RIGHT, SO THAT YOU COULD GIVE US A TIME
7 FRAME, OKAY. MARCH 15TH IS A GOOD TIME TO EVALUATE, TO BRING
8 TO THE BOARD, A TIME AS TO HOW WE'RE DOING ON THE FAST TRACK
9 ITEMS, WHERE WE ARE ON THESE THINGS. I THINK THESE ARE HEALTHY
10 ACHIEVEMENTS TO AT LEAST DEMONSTRATE, NOT ONLY TO THE HOSPITAL
11 AND TO THE DEPARTMENT AND TO THE PUBLIC, THE ACCOUNTABILITY
12 MEASURES THAT WE'RE GOING THROUGH AND THE IMPROVEMENTS. THIS
13 IS A PUBLIC DOCUMENT THAT IS AVAILABLE TO EVERYONE AND SO
14 WE'RE ALL KIND OF ON THE SAME PAGE, I THINK?

15

16 **KAE ROBERTSON:** YES AND WE'LL DO THAT.

17

18 **SUP. MOLINA, CHAIR:** SO IF YOU COULD OUTLINE, WHEN IS A GOOD
19 TIME TO LOOK AT RECOMMENDATION 34 AND 58 AND 61, WHICH ARE ON
20 FAST TRACK? AND MAYBE, SO THAT THIS BOARD DOESN'T COME AND
21 BRING IT UP EVERY SINGLE-- IT WOULD JUST BE EASIER IF YOU
22 WOULD GIVE US SOME GUIDANCE ON SOME OF THESE THINGS. AND WE'RE
23 HOPING, AS THE CONTRACT IS ONLY FOR A YEAR, THAT, AFTER A
24 YEAR, WE'RE GOING TO BE AT A POINT IN TIME WHERE WE, TOO, CAN
25 EVALUATE WHETHER IT'S A CULTURE CHANGE OR NOT. AND WHETHER, IN



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1 FACT, WE'RE GOING TO SEE WHETHER THERE'S ACCOUNTABILITY. IF
2 PEOPLE ARE PROVIDING YOU THE INFORMATION THAT YOU NEED. WE
3 STILL THINK, MANY OF US, UNFORTUNATELY, THAT, EVEN WITH THE
4 BEST INTENTIONS AND THE BEST SET OF RECOMMENDATIONS, THERE ARE
5 STILL PEOPLE WHO ARE GOING TO WORK VERY HARD TO UNDERMINE OUR
6 SUCCESS, THAT ARE BASED AT THE HOSPITAL AND I'M CONCERNED
7 ABOUT THAT. AND SO THE ONLY WAY WE CAN OVERCOME THAT IS BY
8 HAVING A PUBLIC AIRING ON A REGULAR BASIS AS TO WHERE WE ARE.
9 SO WE NEED YOU TO OUTLINE FOR US AS TO WHAT WOULD BE EFFECTIVE
10 TIME FRAMES FOR YOU TO COME BACK AND PUBLICLY REPORT AS TO
11 WHERE WE ARE ON EVERY ONE OF THESE RECOMMENDATIONS.

12

13 **KAE ROBERTSON:** WE'LL DO THAT. I APPRECIATE YOUR SUPPORT.

14

15 **SUP. MOLINA, CHAIR:** MS. BURKE, YOU HAD QUESTIONS.

16

17 **SUP. BURKE:** WELL, FIRST OF ALL, WHEN YOU ASK PEOPLE TO SERVE
18 ON THIS COMMITTEES, WHILE YOU SAY THEY WON'T HAVE ANY
19 FIDUCIARY RESPONSIBILITY, I SUPPOSE THEIR FIRST QUESTION IS
20 WHAT KIND OF LIABILITY THEY MAY FACE. I THINK THE COUNTY
21 COUNSEL NEEDS TO LOOK AT THAT AND TO GIVE US SOME IDEA IN
22 TERMS OF THE RESPONSIBILITIES THAT ARE BEING ANTICIPATED
23 EXACTLY WHAT THEY WILL HAVE IN TERMS OF ASSURANCE THAT THEY
24 HAVE-- IF THEY HAVE LIABILITY OF ANY KIND, THAT THEY ARE GOING
25 TO BE COVERED. I KNOW THAT ANY TIME THAT ANYONE GOES ON,



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1 TODAY, ON A NONPROFIT ORGANIZATION OR A HOSPITAL BOARD, THAT'S
2 THE FIRST QUESTION THEY HAVE. SO I THINK THAT WE SHOULD HAVE
3 SOME IDEA OF EXACTLY WHERE THIS PARTICULAR BODY WOULD FIT INTO
4 THAT. AND, OF COURSE, I WON'T EVEN GET INTO THE OTHER OBVIOUS
5 QUESTIONS THAT IMMEDIATELY ARISE AS, YOU KNOW, ARE THEY
6 SUBJECT TO OTHER KIND OF CONFLICT REQUIREMENTS IN TERMS OF
7 REPORTING AND EVERYTHING ELSE THAT-- BROWN ACT AND ALL OF
8 THOSE THINGS THAT ULTIMATELY WE HAVE TO FACE WHENEVER WE START
9 TALKING ABOUT A GROUP THAT WILL BE RECEIVING INFORMATION AND
10 MAKING SOME DECISIONS, BECAUSE I GATHER THAT NAVIGANT WILL
11 CERTAINLY SHARE ALL OF THE INFORMATION WITH THEM THAT THEY
12 MIGHT ALSO BE PRIVY TO SOME PERSONNEL INFORMATION THAT MAY OR
13 MAY NOT BE PUBLIC, I DON'T KNOW. THAT'S ONE OF THE ISSUES I'D
14 LIKE TO FIND OUT. SO I THINK THAT, AS WE LOOK AT THIS GROUP
15 THAT WILL BE PUT TOGETHER, AND I DON'T KNOW, THEY'RE CALLED AN
16 ADVISORY GROUP BUT, AT THE SAME TIME, I THINK THAT WE NEED TO
17 HAVE SOME OF THOSE QUESTIONS ANSWERED, AS YOU GO OUT AND ASK
18 PEOPLE TO TAKE RESPONSIBILITY-- TAKE THAT KIND OF
19 RESPONSIBILITY. ANOTHER QUESTION I HAVE THAT...

20

21 **SUP. MOLINA, CHAIR:** MR. FORTNER, HAVE YOU NOTED THAT PLEASE?
22 THANK YOU.

23

24 **SUP. BURKE:** ...SUPERVISOR YAROSLAVSKY BROUGHT UP THE ISSUE
25 THAT THE MANAGEMENT WOULD NOT BE FIVE MILES AWAY, THEY WOULD



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1 BE-- AND YOU RESPONDED THEY'D BE RIGHT IN THE HOSPITAL. WHAT
2 MANAGEMENT ARE YOU REFERRING TO THAT PREVIOUSLY WAS FIVE MILES
3 AWAY THAT WOULD BE THERE?

4

5 **KAE ROBERTSON:** WELL, FIVE MILES, FIRST OF ALL, WAS AN
6 OVERSTATEMENT. IT IS-- THE LOCATION OF THE EXECUTIVE OFFICE IS
7 NOT IN THE-- REALLY, THE-- IT'S IN THE HOSPITAL BUT IT'S
8 REALLY NOT IN THE PATIENT CARE COMPONENT OF THE HOSPITAL. IT'S
9 IN A FAR SECTION AND FAIRLY DIVORCE...

10

11 **SUP. BURKE:** AS YOU ENTER THE HOSPITAL, RIGHT?

12

13 **KAE ROBERTSON:** ...AND FAIRLY DIVORCED FROM THE ONGOING DAY-TO-
14 DAY OPERATIONAL AREAS OF PATIENT CARE. SO WE'RE SUGGESTING A
15 RELOCATION OF THE EXECUTIVE OFFICES OUT INTO THE MAIN
16 COMPONENT OF THE HOSPITAL, MORE IN LINE WITH WHERE PATIENT
17 CARE IS PROVIDED.

18

19 **SUP. BURKE:** I SEE. RATHER THAN WHERE THEY ARE NOW LOCATED, THE
20 ADMINISTRATIVE OFFICES?

21

22 **KAE ROBERTSON:** YES, THE ADMINISTRATIVE OFFICES.

23

24 **SUP. BURKE:** THOSE OFFICES WOULD BE MOVED OVER INTO OTHER--
25 ANOTHER PART OF THE HOSPITAL, IS THAT IT?



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1

2 **KAE ROBERTSON:** INTO THE MAIN CORE OF THE HOSPITAL AND NOT, YOU
3 KNOW, NEEDING TO GO THROUGH ABOUT SIX DOORS TO GET TO THE
4 CHIEF EXECUTIVE OFFICER.

5

6 **SUP. BURKE:** OH, I SEE. BECAUSE WHEN YOU SAID FIVE MILES,
7 IMMEDIATELY I SAID...

8

9 **KAE ROBERTSON:** AND THAT WAS JUST...

10

11 **SUP. BURKE:** ...WHICH MANAGEMENT ARE YOU TALKING ABOUT?

12

13 **KAE ROBERTSON:** I'M SORRY, THAT WAS AN EXAGGERATION ON MY PART.

14

15 **SUP. YAROSLAVSKY:** LITERARY LICENSE.

16

17 **KAE ROBERTSON:** I APOLOGIZE FOR THAT. THAT WAS NOT ACCURATE.

18

19 **SUP. BURKE:** BUT I IMMEDIATELY START WONDERING, WHO WAS GOING
20 TO BE MOVED AND HOW-- SO YOU WOULD RECONFIGURE THE
21 ADMINISTRATIVE WING SO THAT IT WOULD BE MOVED OVER?

22

23 **KAE ROBERTSON:** YES.

24



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1 **SUP. BURKE:** SOMEWHERE ELSE. NOW, I KNOW THAT SOME OF THE
2 THINGS THAT ARE LISTED IN-- WELL, IN THE CONTRACT, I KNOW,
3 LOOKING AT HEADS OF DEPARTMENTS AND SOME OF THE PHYSICIANS,
4 WHAT IS THE TIMETABLE OF WHERE YOU'LL BE LOOKING AT SOME OF
5 THOSE POSITIONS AND COMING UP WITH SOME RECOMMENDATIONS AS IT
6 RELATES TO THOSE POSITIONS?

7

8 **KAE ROBERTSON:** I KNOW THAT WE ARE CURRENTLY REVIEWING
9 CAPABILITY. I CANNOT, HONESTLY, OFF THE TOP OF MY HEAD, RECALL
10 WHEN THAT'S EXPECTED TO BE COMPLETED. I THINK IT'S AN ONGOING
11 PROCESS. I DON'T RECALL THAT THERE WAS AN END DATE. SO WE'RE
12 MANAGING PERFORMANCE AS WE GO. WE'RE REMOVING PEOPLE WHO ARE
13 NOT COMPETENT OR PEOPLE WHO HAVE PERFORMANCE ISSUES THAT WILL
14 DETRACT FROM THE CLINICAL TURNAROUND AS WE GO.

15

16 **SUP. BURKE:** AND YOU'VE STARTED DOING THAT?

17

18 **KAE ROBERTSON:** YES.

19

20 **SUP. BURKE:** I SEE. ALL RIGHT. THAT WAS MY ONLY QUESTIONS.

21

22 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. KNABE, YOU HAD A QUESTION?
23 THEN MR. ANTONOVICH, THEN WE HAVE PEOPLE WHO WISH TO SPEAK.

24



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1 **SUP. KNABE:** YES, I AM-- OKAY. WELL, I GUESS MY IMMEDIATE
2 CONCERN, BECAUSE WE'RE DOING ONE SEPARATE TRACK HERE AS IT
3 RELATES TO THE SHORT-TERM ISSUE OF M.L.K. VERSUS THE OVERALL
4 AUTHORITY, I ASSUME THAT THAT-- WE'RE DOING THAT SEPARATION AT
5 THIS PARTICULAR POINT. AND, AGAIN, I JUST WANTED TO CONCUR
6 WITH WHAT SUPERVISOR MOLINA, I THINK THAT THE BETTER DIRECTION
7 THAT WE CAN HAVE HAVE FROM NAVIGANT AND TO TAKE IT OUT OF THE
8 POLITICAL ARENA, I THINK, THE BETTER OFF WE'RE ALL GOING TO
9 BE. BUT WE DO HAVE TO MOVE FORWARD ON SOMETHING AND, I MEAN,
10 OBVIOUSLY, OUR CONCERN IS WE CAN FIND A HUNDRED DIFFERENT WAYS
11 WHY WE SHOULDN'T DO THIS OR THAT BUT WE NEED, YOU KNOW,
12 IMMEDIATE RESPONSES FROM COUNTY COUNSEL, FROM THE DEPARTMENT
13 AND EVERYTHING ELSE AS THIS THING MOVES FORWARD, NOT THREE
14 WEEKS FROM NOW OR NOT A MONTH FROM NOW OR SOME DELAY IN THE
15 REPORTING. SO, YOU KNOW, THE BETTER DIRECTION WE GET ON THE
16 SHORT-TERM SITUATION, I THINK THE BETTER OFF WE'RE ALL GOING
17 TO BE.

18

19 **KAE ROBERTSON:** OKAY. I HEAR THAT MESSAGE. WE'LL WORK ON THAT
20 WITH COUNCIL AND D.H.S.

21

22 **SUP. KNABE:** THANK YOU.

23

24 **SUP. MOLINA, CHAIR:** SUPERVISOR ANTONOVICH?

25



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1 **SUP. ANTONOVICH:** WHAT IS THE DIFFERENCE BETWEEN BOARD OF
2 DIRECTORS AND THE HEALTH AUTHORITY?

3

4 **KAE ROBERTSON:** BOARD OF DIRECTORS IS ONLY FROM MARTIN LUTHER
5 KING HOSPITAL. HOSPITAL AUTHORITY COULD BE FOR PERSONAL HEALTH
6 COUNTYWIDE. HEALTH AUTHORITY IS GENERALLY FOR BOTH PERSONAL
7 AND PUBLIC HEALTH COUNTYWIDE.

8

9 **SUP. ANTONOVICH:** WE'RE SPENDING \$271 MILLION FOR THE
10 ADMINISTRATION ARM OF THE DEPARTMENT OF HEALTH. WHY DO WE HAVE
11 TO BRING IN ANOTHER ENTITY TO DO WHAT THESE INDIVIDUALS HAVE
12 BEEN HIRED TO DO?

13

14 **KAE ROBERTSON:** THE-- OUR RECOMMENDATION IS FOR A BOARD OF
15 DIRECTORS WHO'S GOT BOTH A VARIETY OF MEDICAL KNOWLEDGE,
16 HOSPITAL BUSINESS MANAGEMENT KNOWLEDGE AND IS REALLY FOCUSED
17 ON THE NUMBER OF ISSUES THAT ARE CURRENTLY FACING M.L.K. I
18 CAN'T REALLY RELATE TO WHY THE DEPARTMENT OF HEALTH WOULD OR
19 WOULD NOT FILL THAT BUT I THINK THERE ARE ENOUGH ISSUES RIGHT
20 NOW FOR MARTIN LUTHER KING THAT REQUIRE A DEDICATED GROUP
21 THAT'S GOING TO BE TRACKING THEIR ONGOING PROGRESS,
22 CHALLENGING THE CHANGES THAT NEED TO BE MADE AND, REALLY,
23 FOCUS JUST ON THAT HOSPITAL.

24



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1 **SUP. ANTONOVICH:** BUT WHY WOULD YOU NOT HAVE A CONSORTIUM OF
2 THE ADMINISTRATORS FROM THE OTHER MEDICAL FACILITIES THAT ARE
3 DOING THEIR JOB TO ADVISE AND GIVE CONSENT TO MARTIN LUTHER
4 KING HOSPITAL WITHOUT CREATING A NEW ENTITY?

5

6 **KAE ROBERTSON:** I THINK, YOU KNOW, HAVING SOME RELATIONSHIP
7 WITH THOSE DIRECTORS AND EXECUTIVES ON AN ONGOING BASIS AND
8 LEARNING FROM WHAT WORKS FOR THEM IS SOMETHING THAT WE'RE
9 CURRENTLY DOING. I THINK WE'RE ALSO LOOKING TO GO FOR SORT OF
10 AN INFUSION OF KNOWLEDGE AND OVERSIGHT THAT GOES OUTSIDE THE
11 COUNTY SYSTEM RIGHT NOW.

12

13 **SUP. ANTONOVICH:** IF THE COUNTY SYSTEM HAS BEEN ABLE TO PROVIDE
14 OVERSIGHT FOR OTHER MEDICAL INSTITUTIONS, WHY DO WE HAVE TO
15 NOW CREATE A NEW ENTITY TO OVERSEE THE ONE HOSPITAL THAT HAS
16 BEEN DEFICIENT? WHY AREN'T WE ABLE TO USE THE MEDICAL STAFFS,
17 THE-- LET'S SAY, THE MEDICAL PROFESSIONALS THAT ARE IN THE
18 DEPARTMENT OF HEALTH: DR. GARTHWAITE'S GOT A BACKGROUND IN
19 ADMINISTRATION WITH HOSPITALS AND OTHERS IN THAT-- YOU KNOW,
20 AGAIN, WE'RE SPENDING MONEY ALREADY TO DO A JOB.

21

22 **KAE ROBERTSON:** AND WE'RE NOT RECOMMENDING THAT THESE ARE PAID
23 POSITIONS FOR THE BOARD OF DIRECTORS. WE'RE RECOMMENDING A
24 VOLUNTARY BOARD.

25



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1 **SUP. ANTONOVICH:** BUT THE VOLUNTARY BOARD'S ADMINISTRATIVE
2 SUPPORT WILL COME WITH A COST, WILL COME WITH A PRICE TAG.

3

4 **KAE ROBERTSON:** THE-- USUALLY, FOR A BOARD OF DIRECTORS,
5 ADMINISTRATIVE SUPPORT IS THROUGH THE HOSPITAL AND THE BASIC
6 INFORMATION THAT YOU WOULD NORMALLY BE COLLECTING FOR
7 EVERYONE. AS WE SAID IN OUR REPORT, THAT INFORMATION IS
8 DEFICIENT. THE HOSPITAL NEEDS TO CREATE A DIFFERENT SET OF
9 INFORMATION AND DATA THAT IS REPORTED UP TO THE BOARD OF
10 DIRECTORS. SO THAT ALREADY NEEDS TO OCCUR.

11

12 **SUP. ANTONOVICH:** AS WE'VE SEEN IN THE PAST AT THIS FACILITY,
13 THIS TYPE OF ORGANIZATION OR SUPPORT SYSTEM HAS TURNED INTO A
14 STUMBLING BLOCK AND NOT A BUILDING BLOCK. AND THAT STUMBLING
15 BLOCK HAS PREVENTED THE NECESSARY REFORMS FROM BEING
16 IMPLEMENTED. NOW WE'RE GOING BACK INTO A SITUATION WHERE WE
17 WANT TO CREATE ANOTHER STUMBLING BLOCK INSTEAD OF USING OUR
18 BUILDING BLOCKS WITHIN THE DEPARTMENT OF HEALTH WHO ARE BEING
19 PAID TO BUILD AS A BUILDING BLOCK. YOU ARE BEING PAID TO BE
20 THE BUILDING BLOCKS IN THAT DEPARTMENT, OVERSEEING THE
21 STRUCTURES, HOW THEY OPERATE, THE ENTITIES WITHIN THE COUNTY
22 OF LOS ANGELES. THIS IS A-- TO BE A WASTE OF TIME AND EFFORT.
23 WE KNOW WHAT'S WRONG, WE HAVE AN AUDIT, WE HAVE A NUMBER OF
24 AUDITS, WE KNOW THERE HAVE BEEN PEOPLE IN PLACE THAT HAVE
25 FALLEN DOWN, BE IT THE ADMINISTRATORS AT THE HOSPITAL, I MEAN,



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1 THE SAFETY ENGINEER TO ALLOW THOSE CONDITIONS, DEPLORABLE
2 CONDITIONS TO EXIST IN THE OPERATING ROOM AND THE MEDICAL
3 PHYSICIANS WHO ARE OPERATING WITH-- WHERE STERILE EQUIPMENT
4 WAS COMPROMISED AND PATIENTS WERE LEFT FOR TWO HOURS IN A
5 SEDATED POSITION INSTEAD OF BEING OPERATED ON IN A TIMELY
6 MANNER, I THINK YOU SAID 62% OF THE PEOPLE OR 62% OF THE
7 PEOPLE WERE NOT OPERATED ON IN A TIMELY MANNER, THEY WERE
8 SEDATED AND LEFT IN THE HALLWAY OR LEFT IN A ROOM.

9

10 **KAE ROBERTSON:** JUST TO CLARIFY, WE SAID 61% OF CASES START ON
11 TIME BUT WHAT IS NOT MEASURED IS THE TIME FROM WHEN THE ON-
12 START OF GOING INTO THE ROOM AND UNTIL INCISION IS AND WE
13 DON'T HAVE THAT MEASUREMENT BUT THERE WERE ANECDOTAL AND
14 OBSERVATION OF PATIENTS WHO WERE IN THAT POSITION FOR TOO
15 LONG.

16

17 **SUP. ANTONOVICH:** LIKE, FOR TWO HOURS, RIGHT. AND WE ARE LIABLE
18 FOR THAT. THE-- YOU KNOW, AND NOT HAVING INVENTORY OF SPONGES
19 AND MEDICAL INSTRUMENTS, MIXING-- I THINK YOU MENTIONED THE
20 ORTHOPEDIC SUPPLIES WERE MIXED WITH THE STERILE AND THE NON-
21 STERILE. HOW DOCTORS, NURSES CAN OPERATE IN A CONDITION LIKE
22 THAT IS UNCONSCIONABLE. AND NOW THE DEPARTMENT HAS A
23 RESPONSIBILITY TO ENSURE THAT THE PEOPLE ARE THERE DOING THEIR
24 JOB. THEY'RE EVALUATED EACH YEAR. IF SOMEBODY IS DOING A POOR
25 JOB IN EVALUATION, THEN THEY NEED TO BE REPLACED. THAT'S WHERE



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1 WE'RE, YOU KNOW, WE'RE COMING FROM. AND, AGAIN, IT'S-- IT'S--
2 YOU HAVE A FACILITY THERE THAT HAS A SUFFICIENT AMOUNT OF
3 DOLLARS THAT JUST HAVE NOT BEEN USED. I UNDERSTAND THERE'S
4 GOING TO BE A REQUEST FOR \$2 MILLION TO DO SOME OF THE REPAIR
5 AND MAINTENANCE THAT HAS TO BE DONE AND THE QUESTION IS, WHAT
6 HAVE THEY BEEN DOING WITH THE DOLLARS THAT HAD BEEN GIVEN TO
7 THEM FOR THE REPAIR AND THE MAINTENANCE, THE PREVENTIVE
8 MAINTENANCE THAT DIDN'T TAKE PLACE? I MEAN, WAS THERE A THEFT
9 OF SUPPLIES OR WHAT?

10

11 **SUP. KNABE:** WELL, I THINK THE NAVIGANT REPORT'S TELLING US
12 THOSE ANSWERS.

13

14 **KAE ROBERTSON:** I MEAN, THE REPORT SAYS THAT THOSE THINGS
15 AREN'T DONE AND THAT THEY NEED TO BE DONE.

16

17 **SUP. ANTONOVICH:** RIGHT. AND WHERE HAVE THOSE SUPPLIES GONE
18 THAT WE HAVE PAID FOR TO DO THOSE TYPES OF JOBS?

19

20 **KAE ROBERTSON:** WE DIDN'T DO AN AUDIT OF...

21

22 **SUP. ANTONOVICH:** RIGHT, AND THAT'S A QUESTION WE HAVE TO ASK.
23 AND, AGAIN, THE DEPARTMENT OF HEALTH HAS, WHAT, 1.2-BILLION-
24 DOLLAR DEFICIT IN TWO YEARS. AND WE'RE JUST CREATING MORE
25 EXPENDITURE OF FUNDS FOR FUNDS THAT WE DON'T HAVE WHEN WE



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1 ALREADY ARE PAYING FOR PEOPLE TO DO THE JOB AND THE JOB WILL
2 BE DONE. I MEAN, THEY'RE WORKING COOPERATIVELY NOW WITH
3 NAVIGANT. YOU'RE WORKING WITH DR. GARTHWAITE AND THE STAFF.
4 YOU HAVE THE TEAM, YOU HAVE THE BOARD THAT WILL GIVE YOU THE
5 FULL SUPPORT AND TO NOW GO BACK AND CREATE A OUTSIDE BOARD OF
6 DIRECTORS, YOU'RE JUST GOING BACK INTO THIS POLITICAL EXOTIC
7 FUNGUS THAT CREATED MUCH OF THE PROBLEM AT MARTIN LUTHER KING
8 HOSPITAL. WE NEED TO GET AWAY FROM THE OUTSIDE AGITATION AND
9 USE THE PROFESSIONALS TO MAKE THE NECESSARY CHANGES THAT HAVE
10 TO BE DONE OR YOU HAVE TO CLOSE THE HOSPITAL. YOU DON'T HAVE A
11 EITHER/OR.

12

13 **KAE ROBERTSON:** AND THAT'S PART OF THE RECOMMENDATION, IS TO
14 CREATE THE BOARD OF DIRECTORS FOR THE HOSPITAL THAT'S OUTSIDE
15 OF THE POLITICAL PROCESS, SO THAT'S AN IMPORTANT-- WE ARE IN
16 AGREEMENT WITH YOU THAT IT NEEDS TO BE OUTSIDE OF THE COUNTY
17 AND POLITICAL PROCESS.

18

19 **SUP. ANTONOVICH:** AND YOU HAVE THAT SYSTEM WITH A DIRECTOR OF
20 HEALTH WHO HAS HOSPITAL EXPERIENCE AND OTHERS WITHIN THAT
21 DEPARTMENT. I MEAN, OUR DIRECTOR MEETS WITH THE OTHER
22 DIRECTORS OF OUR HOSPITALS. THEY KNOW WHAT WORKS. THEY KNOW
23 WHAT DOESN'T WORK. AND THEY HAVE A BOARD THAT WILL SUPPORT
24 THEM TO GIVE THEM THE NECESSARY SUPPORT TO MAKE IT WORK AT



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1 MARTIN LUTHER KING OVER AND ABOVE THE POLITICAL PRESSURES THAT
2 PREVENTED THAT FROM HAPPENING IN THE PAST. DR. GARTHWAITE?

3

4 **DR. THOMAS GARTHWAITE:** CAN I JUST COMMENT? YOU KNOW, I THINK
5 THERE ARE THREE POTENTIAL THINGS THAT COULD BE HELPFUL, AND
6 ONE IS TO INSULATE POLITICS FROM OPERATIONS. IT'S VERY CLEAR
7 THIS BOARD HAS STEPPED UP TO THE PLATE AND TAKEN AN ACTIVE
8 INTEREST IN ALL THE HOSPITALS AND THAT MADE THE TOUGH
9 DECISIONS AND SO THERE'S THEN A BIG CHANGE WHETHER, YOU KNOW,
10 HOPEFULLY, THAT IS FOREVER BUT I MEAN-- THERE'S NO QUESTION
11 THAT THAT'S HAPPENED. I FEEL VERY COMFORTABLE NOW COMING TO
12 THIS BOARD. AND IF THERE'S POLITICAL INTERFERENCE AND
13 DESCRIBING THAT AND THE RIGHT THINGS WILL HAPPEN. SECOND THING
14 IS THAT, ALTHOUGH I CAN PROVIDE THE OBJECTIVE OVERSIGHT VIEW,
15 I AM ONE PERSON, THE DEPARTMENT IS A SMALL NUMBER OF PEOPLE
16 WHO KIND OF WORK WITHIN A SYSTEM AND SOMETIMES CAN'T SEE HOW
17 THAT SYSTEM IS BROKEN FROM INSIDE AS MUCH AS SOMEONE FROM THE
18 OUTSIDE. SO THE OPPORTUNITY FOR EXPERIENCED HEALTHCARE LEADERS
19 FROM A VARIETY OF DIFFERENT EXPERIENCES AND SETTINGS TO COME
20 PROVIDE THAT ADVICE COULD BE VALUABLE. IN ADDITION, I'VE OFTEN
21 BEEN PART OF MANY OF THE DECISIONS. I AM AWARE, ON A DAY-TO-
22 DAY BASIS. HAVE PROBABLY HIRED SOME OF THE PEOPLE AT KING AND
23 WANT THEM TO BE SUCCESSFUL, MAYBE EVEN TO THE POINT OF BEING
24 SOMEWHAT BLINDED BY WANTING TO BE SUCCESSFUL BECAUSE THAT
25 REFLECTS ON MY ABILITY TO HAVE HIRED THEM AND SELECTED THEM.



**The Meeting Transcript of
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1 SO THERE ISN'T AN ADDED OUTSIDE OBJECTIVITY THAT A BOARD IS
2 SUPPOSED TO BRING. IT DOESN'T ALWAYS WORK, AS IN ENRON BUT
3 EVEN LEE IACOCCA, IN HIS GREAT DAYS AT CHRYSLER, YOU KNOW, HAD
4 A GREAT BOARD TO REPORT TO AND THAT'S JUST PRESUMABLY THE WAY
5 BUSINESSES HAVE FUNCTIONED IN THIS COUNTRY AND INTERNATIONALLY
6 FOR MANY YEARS. AND THEN FINALLY, ULTIMATELY, I BELIEVE THERE
7 ARE SIGNIFICANT MECHANICAL THINGS, JUST THE HUMAN RESOURCES
8 ISSUES, GETTING A VARIETY OF THINGS DONE THROUGH THE SYSTEM
9 IS, IN MY OPINION, NOT COMMENSURATE WITH RUNNING A HEALTHCARE
10 ORGANIZATION. IT MIGHT WORK VERY WELL OVERALL FOR GOVERNMENT.
11 AND IF YOU READ IN THE HENNEPIN COUNTY PROPOSAL THAT THEY'VE
12 JUST ADOPTED WHERE THEY'RE LOOKING AT THEIR HOSPITAL SYSTEM IN
13 HENNEPIN COUNTY IN MINNESOTA, YOU READ THE ARGUMENTS THEY MAKE
14 ABOUT WHAT'S NEEDED FOR HEALTHCARE ORGANIZATION IN A VERY
15 COMPETITIVE ENVIRONMENT VERSUS MOST OTHER GOVERNMENT
16 FUNCTIONS, WHICH THERE REALLY ISN'T A COMPETITION. I THINK
17 THEY DESCRIBED VERY WELL THE IMPORTANCE OF THOSE FUNDAMENTAL
18 MECHANICAL THINGS THAT WE HAVE TO GO THROUGH AS WE TRY TO RUN
19 THE SYSTEM. SO THOSE ARE THE THREE KIND OF THINGS THAT I SEE
20 AS AN IMPORTANT PART OF THE DISCUSSION AND IF AN
21 AUTHORITY/BOARD OF DIRECTORS, WHAT YOU'RE REALLY TRYING TO
22 ACCOMPLISH.

23

24 **SUP. ANTONOVICH:** YOU WERE SAYING THE HOSPITAL OR THE MEDICAL
25 SCHOOL MAY OWN THE BUILDING, THEIR OWN BUILDING, WE DON'T HAVE



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1 OWNERSHIP OF THAT, DR. GARTHWAITE? WAS THERE-- THE HOSPITAL.

2 THE HOSPITAL IS OWNED BY THE COUNTY OF LOS ANGELES...

3

4 **DR. THOMAS GARTHWAITE:** WELL, I'M JUST SAYING THAT, YOU KNOW,
5 IN THE USUAL UNIVERSITY SETTING, THE UNIVERSITY OFTEN OWNS THE
6 HOSPITAL. SO THE, I BELIEVE U.C.L.A. IS PROBABLY A GOOD
7 EXAMPLE. I DON'T KNOW THE EXACT OWNERSHIP BUT...

8

9 **SUP. ANTONOVICH:** BUT U.C.L.A. DOESN'T OWN OLIVE VIEW HOSPITAL.

10

11 **DR. THOMAS GARTHWAITE:** NO, BUT THEY OWN U.C.L.A. HOSPITAL. SO
12 WHEN YOU LOOK--

13

14 **SUP. ANTONOVICH:** RIGHT.

15

16 **DR. THOMAS GARTHWAITE:** RIGHT. SO, AND IF YOU LOOKED AT TEMPLE
17 UNIVERSITY HOSPITAL, TEMPLE IS A HUGE UNIVERSITY AND ALSO
18 HAPPENS TO HAVE A HOSPITAL. I'M JUST SAYING-- ALL I WAS-- THE
19 POINT I WAS TRYING TO MAKE WAS THAT THE PROPORTION IS QUITE
20 DIFFERENT WHEN YOU GET TO KING DREW BECAUSE DREW IS A SMALL
21 UNIVERSITY, HEALTHCARE ONLY, VERSUS THE DEPARTMENT OF HEALTH
22 SERVICES AND THE MEDICAL CENTER, WHICH ARE MUCH LARGER
23 BUDGETARILY.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. ANTONOVICH:** WHICH MAKES IT EASIER FOR U.C.L.A., U.S.C.,
2 LOMA LINDA, THE THREE OF THEM SEPARATELY OR WHATEVER, TO STEP
3 IN AND BE THE MEDICAL SCHOOL. BUT ARE THE MEDICAL SURGICAL
4 OPERATING ROOMS IN TRAUMA GOING TO BE UTILIZED FOR MARTIN
5 LUTHER KING BECAUSE OF THE DEPLORABLE CONDITIONS THAT YOU
6 STATED IN THE REPORT THAT THE SURGICAL ROOMS WERE NOT-- WERE
7 IN DESPERATE NEED OF CARE?

8

9 **KAE ROBERTSON:** WE'RE LOOKING AT THOSE FOR AMBULATORY SURGERY,
10 AND THE RECOMMENDATION, WE'VE SUGGESTED THE NEED AND THERE IS
11 A COMMUNITY NEED FOR AMBULATORY OUTPATIENT SURGERY, THEY'RE IN
12 A GOOD LOCATION AND GOOD CONDITION TO BE ABLE TO FULFILL THAT
13 BACKED-UP NEED.

14

15 **SUP. ANTONOVICH:** SO WE CAN USE THAT FACILITY TO-- IN THOSE
16 AREAS THAT ARE DEFICIENT AT...

17

18 **KAE ROBERTSON:** YES. WE'RE CONTINUING TO EVALUATE THAT FOR THE
19 FINAL REPORT BUT IT LOOKS LIKE THAT WOULD BE A GOOD USE.

20

21 **SUP. ANTONOVICH:** THANK YOU.

22

23 **SUP. MOLINA, CHAIR:** THANK YOU. WE HAVE A SERIES OF PEOPLE THAT
24 WISH TO ADDRESS US AND MAYBE IF YOU'D LIKE, YOU CAN MOVE OVER
25 TO THIS SIDE OR SOMETHING. I DON'T KNOW IF THERE WILL BE



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1 QUESTIONS BUT FIRST WE HAVE DR. BRIAN JOHNSTON, IF HE WOULD
2 JOIN US. YOLANDA VERA AND DR. GENEVIEVE CLAVREUL, IF THEY
3 WOULD JOIN US, PLEASE. DR. JOHNSTON?

4

5 **DR. BRIAN JOHNSTON:** GOOD MORNING. MY NAME IS BRIAN JOHNSTON.
6 I'M AN EMERGENCY PHYSICIAN PRACTICING IN LOS ANGELES. I'VE
7 PRACTICED IN THIS COUNTY FOR 30 YEARS. I TRAINED AT HARBOR
8 GENERAL. I SPEAK ON BEHALF OF THE LOS ANGELES COUNTY MEDICAL
9 ASSOCIATION AND I'D LIKE TO BEGIN BY THINKING SUPERVISOR KNABE
10 FOR BRINGING FORWARD THE RESOLUTION TO DEVELOP A HEALTH
11 AUTHORITY OR EXPLORE HEALTH AUTHORITY FOR THE COUNTY OF LOS
12 ANGELES. THE MEDICAL ASSOCIATION ADOPTED A POSITION IN SUPPORT
13 OF A HEALTH AUTHORITY IN JUNE OF 1994 AND WE CONTINUE IN THAT
14 POSITION. IT IS AN ALIGNMENT WITH THE FINDINGS OF THE MARGOLAN
15 COMMISSIONS AND SEVERAL OTHER BLUE RIBBON TASK FORCE AND
16 COMMISSIONS. IT IS NOT A NEW IDEA BUT WE BELIEVE THAT THIS
17 IDEA DOES HAVE SOME MERIT AND SHOULD BE EXPLORED AND MAY HAVE
18 SIGNIFICANT VALUE FOR THE PEOPLE OF LOS ANGELES. WE BELIEVE
19 THAT A HEALTH AUTHORITY SHOULD BE INCLUSIVE BECAUSE IT'S VERY
20 DIFFICULT TO DIVIDE THE ISSUES IN HEALTHCARE. AND WE BELIEVE
21 IT SHOULD INVOLVE HOSPITALS, INCLUDING ALL THE COUNTY
22 HOSPITALS. WE BELIEVE IT SHOULD INVOLVE ALL THE COUNTY
23 OUTPATIENT FACILITIES AND WE FAVOR INCLUDING PUBLIC HEALTH AS
24 WELL BECAUSE, AT THIS TIME, IT IS VERY, VERY DIFFICULT TO DRAW
25 A DISTINCTION BETWEEN PUBLIC AND PERSONAL HEALTH. THE ISSUES



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1 MERGE AND CROSS. WE FAVOR INCLUDING MENTAL HEALTH AS WELL BUT
2 THAT IS STILL AN OPEN QUESTION. I THINK THAT THE PEOPLE IN THE
3 DEPARTMENT OF MENTAL HEALTH SHOULD BE QUERIED ON THAT AND, IF
4 THEY ARE WILLING, THEY SHOULD BE INCLUDED. WHAT SORT OF HEALTH
5 AUTHORITY SHOULD WE HAVE? THERE ARE MANY DIFFERENT MODELS THAT
6 HAVE BEEN USED IN DIFFERENT PLACES AT DIFFERENT TIMES. WE
7 BELIEVE IT SHOULD BE STUDIED AND WE BELIEVE THAT, LOCALLY, WE
8 HAVE A LOT OF VERY GOOD RESOURCES. THERE'S DR. KUZINO AT
9 U.S.C., DR. TRUNQUATA ALSO AT U.S.C., DR. BRESLO AT U.C.L.A.,
10 WE HAVE THE SCHOOL OF PUBLIC POLICY AND ADMINISTRATION AT
11 U.S.C., WE HAVE THE U.C.L.A. SCHOOL OF PUBLIC HEALTH, WE HAVE
12 THE RAND CORPORATION AND WE THINK THAT THERE IS NO LACK OF
13 TALENT TO STUDY THIS ISSUE. MANY OF US BELIEVE THAT THE MODEL
14 IN DENVER IS PROBABLY THE MODEL WHICH IS MOST ATTRACTIVE, BUT
15 THAT IS A PRELIMINARY JUDGMENT AND I THINK THAT YOU SHOULD BE
16 FULLY INFORMED OF THE DIFFERENT ALTERNATIVES. WE BELIEVE THAT
17 A HEALTH AUTHORITY IS NECESSARY BUT IT IS NOT SUFFICIENT IN
18 AND OF ITSELF. COUNTY SERVICES MUST NOT BE FURTHER REDUCED. WE
19 HAVE OPPOSED REDUCTIONS IN COUNTY SERVICES AND WE CONTINUE TO
20 DO SO. AND YOU'LL NOTE THAT WE'RE-- WE'VE FILED AN AMICUS
21 CUREI BRIEF IN SUPPORT OF THE HARRIS CASE. WE BELIEVE THAT
22 REDUCTIONS IN SERVICE, WHETHER THEY'RE BASED ON BED
23 REDUCTIONS, NURSING SHORTAGES OR CLINIC VISITS ARE
24 UNACCEPTABLE AND PUT THE HEALTH AND SAFETY OF THE PEOPLE AT
25 RISK. WE BELIEVE THAT A HEALTH AUTHORITY WILL, IN FACT,



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1 IMPROVE FOCUS ON HEALTHCARE. WE BELIEVE IT WILL DEPOLITICIZE
2 HEALTHCARE IN LOS ANGELES. WE BELIEVE IT MAY IMPROVE THE
3 COOPERATION OF STATE AND FEDERAL AUTHORITIES AND LEGISLATORS
4 AND WE KNOW THAT'S BEEN A PROBLEM HERETOFORE. IN CLOSING, I
5 WOULD LIKE TO SAY THAT CALIFORNIA MEDICAL ASSOCIATION AND THE
6 LOS ANGELES COUNTY MEDICAL ASSOCIATION WOULD VERY MUCH
7 APPRECIATE AN OPPORTUNITY TO PARTICIPATE IN IMPROVING THE
8 QUALITY OF CARE AT MARTIN LUTHER KING DREW HOSPITAL AND EVERY
9 OTHER COUNTY FACILITY. THANK YOU.

10

11 **SUP. MOLINA, CHAIR:** THANK YOU.

12

13 **SUP. YAROSLAVSKY:** MADAM CHAIR, I'D LIKE TO ASK DR. JOHNSTON A
14 QUESTION.

15

16 **SUP. MOLINA, CHAIR:** SURE.

17

18 **SUP. YAROSLAVSKY:** HAS THE MEDICAL ASSOCIATION TAKEN A POSITION
19 WITH RESPECT TO CUTBACKS IN PRIVATE HEALTHCARE DELIVERY? WHAT
20 POSITIONS HAS THE L.A. COUNTY MEDICAL ASSOCIATION TAKEN WITH
21 RESPECT TO THE CLOSURE OF-- THE SALE OF MORE THAN A DOZEN
22 HOSPITALS BY TENET, FOR EXAMPLE?

23

24 **DR. BRIAN JOHNSTON:** WE'VE LOOKED AT THAT VERY CLOSELY.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. YAROSLAVSKY:** HAVE YOU TAKEN A POSITION ON IT?

2

3 **DR. BRIAN JOHNSTON:** WE HAVE NOT TAKEN A POSITION.

4

5 **SUP. YAROSLAVSKY:** WHY NOT?

6

7 **DR. BRIAN JOHNSTON:** WELL, BECAUSE THE PRIVATE HEALTH CENTERS
8 DO NOT HAVE AN OBLIGATION, UNDER WELFARE AND INSTITUTION CODE
9 SECTION 17000.

10

11 **SUP. YAROSLAVSKY:** BUT THAT'S NOT-- YOU'RE NOT HANGING THIS ON
12 A LEGAL TECHNICALITY. YOU'RE TALKING ABOUT CARE FOR PEOPLE IN
13 LIFE-AND-DEATH ISSUES, ARE YOU NOT?

14

15 **DR. BRIAN JOHNSTON:** SIR, IT IS NOT A LEGAL TECHNICALITY.

16

17 **SUP. YAROSLAVSKY:** NO, I UNDERSTAND BUT ISN'T THE ISSUE...

18

19 **DR. BRIAN JOHNSTON:** THE COUNTY IS THE PROVIDER OF LAST RESORT.
20 AND, IF THE COUNTY CLOSES ITS DOORS AND THERE IS NO PLACE FOR
21 PEOPLE TO GO, THAT IS A LIFE AND DEATH ISSUE.

22

23 **SUP. YAROSLAVSKY:** SO YOU-- YOUR ASSOCIATION HAS REMAINED
24 SILENT ON THE ISSUE OF THE CLOSURES OF HOSPITALS IN EVERY PART
25 OF THIS COUNTY, NOT TO MENTION OTHER PARTS OF THE STATE?



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1

2 **DR. BRIAN JOHNSTON:** WE HAVE TAKEN A GREAT INTEREST IN IT. WE
3 HAVE NOT ADOPTED A POSITION, THAT IS CORRECT.

4

5 **SUP. YAROSLAVSKY:** IS THE REASON YOU HAVEN'T TAKEN A POSITION
6 WITH RESPECT TO PRIVATE HOSPITALS, IS IT ECONOMIC TO THE
7 ASSOCIATION, PERHAPS?

8

9 **DR. BRIAN JOHNSTON:** NOT AT ALL. NOT AT ALL.

10

11 **SUP. YAROSLAVSKY:** SO WHY WOULDN'T TAKE A-- WHY WOULDN'T YOU
12 PASS A RESOLUTION? I MEAN, YOU ARE PERHAPS THE MOST FREQUENTLY
13 QUOTED INDIVIDUAL CRITICIZING THE COUNTY ON VIRTUALLY
14 EVERYTHING. WHY WOULDN'T YOU TAKE A SHOT AT TENET ONCE IN
15 AWHILE SINCE THEY'RE CLOSING A GOOD CHUNK OF THE HOSPITALS IN
16 THIS COUNTY? WHY WOULDN'T YOU JUST PASS A RESOLUTION? IS THERE
17 ANY HARM IN DOING THAT?

18

19 **DR. BRIAN JOHNSTON:** WELL, IN THE FIRST PLACE, TENET IS UNDER
20 NO LEGAL OBLIGATION, IN A FREE MARKET SOCIETY, TO MAINTAIN
21 UNPROFITABLE FACILITIES AND WE RECOGNIZE THAT.

22

23 **SUP. YAROSLAVSKY:** AND IF WE WERE UNDER NO LEGAL OBLIGATION,
24 YOU WOULDN'T MIND IF WE CLOSED DOWN OUR HOSPITALS EITHER,
25 WOULD YOU?



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1

2 **DR. BRIAN JOHNSTON:** IF WE MADE NO PROVISION IN THE LAW UNDER
3 WELFARE AND INSTITUTION CODE SECTION 17000 AND THE COUNTY
4 CHOSE TO EXIT THE FIELD, THEN WE WOULD HAVE NO BASIS UPON
5 WHICH TO CRITICIZE THE COUNTY OTHER THAN HUMANITARIAN.

6

7 **SUP. YAROSLAVSKY:** WELL, HUMANITARIAN, PRECISELY. ISN'T THE
8 ISSUE OF TENET ALSO HUMANITARIAN?

9

10 **DR. BRIAN JOHNSTON:** I BELIEVE SO, PERSONALLY, YES.

11

12 **SUP. YAROSLAVSKY:** SO WHY HASN'T THE L.A. COUNTY MEDICAL
13 ASSOCIATION TAKEN A POSITION ON THE CLOSURE OF HOSPITALS IN
14 EVERY CORNER OF THIS COUNTY? I'M JUST CURIOUS WHY YOU JUST
15 SAVE ALL OF YOUR AMMUNITION FOR US AND NOT FOR YOUR
16 MEMBERSHIP.

17

18 **DR. BRIAN JOHNSTON:** BECAUSE, AND I'VE SAID IT BEFORE, YOU HAVE
19 A LEGAL OBLIGATION. THE COUNTY IS THE PROVIDER OF LAST RESORT.

20

21 **SUP. YAROSLAVSKY:** BUT YOU JUST SAID HUMANITARIAN. FORGET LEGAL
22 FOR A SECOND. DO YOU HAVE ANY HUMANITARIAN BONES IN YOUR BODY
23 THAT MIGHT SUGGEST THAT LACMA WOULD TAKE A POSITION IN
24 OPPOSITION TO THE CLOSURE OF HOSPITALS AND THE CUTBACKS THAT
25 ARE TAKING PLACE THROUGHOUT THE STATE OF CALIFORNIA?



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1

2 **DR. BRIAN JOHNSTON:** WELL...

3

4 **SUP. YAROSLAVSKY:** ESPECIALLY HERE.

5

6 **DR. BRIAN JOHNSTON:** SUPERVISOR, LET ME RESPOND THIS WAY...

7

8 **SUP. YAROSLAVSKY:** WHY IS THIS SUCH A DIFFICULT QUESTION?

9

10 **DR. BRIAN JOHNSTON:** I HAVE NOT SAID IT'S DIFFICULT. I'M TRYING
11 TO RESPOND.

12

13 **SUP. YAROSLAVSKY:** YES OR NO. WHY DON'T YOU GUYS TAKE A-- WHY
14 DON'T YOU MAKE A COMMITMENT HERE TODAY THAT, AT YOUR NEXT
15 MEETING OF THE L.A. COUNTY MEDICAL ASSOCIATION, YOU WILL PASS
16 A RESOLUTION AGAINST ANY CLOSURE, ANY CUTBACKS IN MEDICAL CARE
17 DELIVERY, WHETHER PRIVATE OR PUBLIC?

18

19 **DR. BRIAN JOHNSTON:** THE QUESTION WHICH YOU'VE GIVEN ME...

20

21 **SUP. YAROSLAVSKY:** ON HUMANITARIAN GROUNDS.

22

23 **DR. BRIAN JOHNSTON:** THE QUESTION WHICH YOU'VE GIVEN ME IS NOT
24 A "YES" OR "NO" QUESTION; THEREFORE, I CANNOT ANSWER IT "YES"
25 OR "NO." IF YOU WOULD LIKE THE L.A. COUNTY MEDICAL ASSOCIATION



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1 TO CONSIDER THIS ISSUE, WE'LL BE VERY INTERESTED TO RAISE THE
2 ISSUE. AND I WILL INFORM YOU OF THE RESULT. BUT, AS I'VE SAID
3 BEFORE, THE COUNTY GOVERNMENT HAS A LEGAL OBLIGATION. TENET
4 DOES NOT.

5

6 **SUP. YAROSLAVSKY:** DOES THE COUNTY HAVE A LEGAL OBLIGATION TO
7 KEEP A TRAUMA CENTER OPEN? I'LL HELP YOU. THE ANSWER IS NO.
8 WERE YOU IN SUPPORT OF OUR CLOSURE OF MARTIN LUTHER KING'S
9 TRAUMA UNIT OR DID YOU TAKE-- WERE YOU QUOTED IN THE PAPER
10 OPPOSING OUR CLOSURE OF THE TRAUMA UNIT? DO YOU RECALL?

11

12 **DR. BRIAN JOHNSTON:** YES, I DO RECALL. WHAT WE SAID WAS, IF THE
13 COUNTY BELIEVES THAT IT MUST CLOSE THAT TRAUMA CENTER BASED
14 UPON THE SAFETY OF THE PEOPLE BEING TREATED IN IT, THAT WE
15 WOULD SUPPORT THAT. BUT WE BELIEVE THAT IT WAS NECESSARY TO
16 MAINTAIN ADEQUACY OF SERVICES AND WE BELIEVED THAT IT WAS
17 NECESSARY TO TRACK THE QUALITY OF CARE, NOT ONLY TO MARTIN
18 LUTHER KING BUT AT THE SUCCESSOR INSTITUTIONS, SPECIFICALLY,
19 SAINT FRANCES AND CALIFORNIA HOSPITAL AND TO SET UP MECHANISMS
20 TO IDENTIFY PROBLEMS WHICH MIGHT EMERGE. NONE OF THAT HAS
21 HAPPENED BUT WE DID SUPPORT THE REDUCTION OF SERVICES AND
22 CLOSURE OF M.L.K.-DREW IF THAT WAS, IN FACT, NECESSARY TO
23 PRESERVE THE HEALTH AND SAFETY OF THE PEOPLE OF LOS ANGELES
24 COUNTY.

25



**The Meeting Transcript of
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1 **SUP. YAROSLAVSKY:** ALL I'M-- AND I'LL STOP WITH THIS BUT I JUST
2 HAVE A HARD TIME-- I HAVE A HARD TIME UNDERSTANDING WHY-- AND
3 I HAVE HAD EXPERIENCE, IT TOOK SOME EFFORT TO GET L.A. COUNTY
4 MEDICAL ASSOCIATION TO SUPPORT MEASURE B, THEY DID IN THE END,
5 AND WE APPRECIATED IT VERY MUCH. BUT IT WAS AN ARM-TWISTING
6 EFFORT AND A LOT OF LOBBYING AND A LOT OF NIGHT MEETINGS AND
7 THAT SORT OF THING. I'M JUST AT A LOSS FOR WHY YOUR
8 ASSOCIATION, ON HUMANITARIAN GROUNDS, ON HUMANITARIAN GROUNDS,
9 NOT ON LEGAL GROUNDS, WOULDN'T VOICE, THROUGH A RESOLUTION OR
10 THROUGH STATEMENTS THAT YOU MIGHT MAKE IN PUBLIC, A-- AND I
11 THINK IT WOULD RESONATE, THAT SALE OF HOSPITALS IN THE SAN
12 FERNANDO VALLEY AND THE SAN GABRIEL VALLEY AND OTHER PARTS OF
13 LOS ANGELES COUNTY ARE HAVING A DELETERIOUS IMPACT ON THE
14 DELIVERY OF MEDICAL-- HOSPITAL CARE IN LOS ANGELES COUNTY. I
15 THINK IT'S PATENTLY OBVIOUS TO EVERYBODY IN THE MEDICAL FIELD,
16 EVERYBODY ELSE HAS TAKEN A POSITION ON THIS: LEGISLATORS,
17 HOSPITAL ADMINISTRATORS, MEDICAL EXPERTS, OUR OWN HOSPITAL
18 COMMISSION, OUR OWN EMERGENCY MEDICAL SERVICES COMMISSION.
19 THEY'VE ALL-- NONE OF THEM HAVE HUNG THIS ON SOME KIND OF
20 LEGAL TECHNICALITY. THEY'VE ALL SAID THAT, WHEN YOU CLOSE A
21 HOSPITAL HERE AND A HOSPITAL THERE AND AN EMERGENCY ROOM HERE
22 AND AN EMERGENCY ROOM THERE, THAT IT BEGINS TO HAVE A DOMINO
23 EFFECT THAT ENGULFS THE ENTIRE SYSTEM, WHICH I WOULD IMAGINE
24 IS OF SOME INTEREST TO THE L.A. COUNTY MEDICAL ASSOCIATION,
25 ALTHOUGH MAYBE I'M WRONG. AND I JUST WOULD-- IT WOULD GIVE



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1 YOU, IN MY EYES, DR. JOHNSTON, A LOT MORE CREDIBILITY, WHEN
2 YOU DO CRITICIZE US, WHICH WE ARE CERTAINLY-- WE CAN TAKE IT,
3 IT WOULD GIVE YOU A LOT MORE CREDIBILITY IF, ONCE IN A WHILE
4 YOU CRITICIZED THE PEOPLE WHOSE ECONOMIC INTERESTS ARE
5 BENEFITED BY CLOSURES AND SALES OF PROPERTIES FOR REAL ESTATE
6 DEALS, WHERE YOU REMAIN SILENT. BUT WHEN IT COMES TO US, WHEN
7 WE'RE TRYING TO MANAGE A HORRENDOUSLY UNMANAGEABLE SYSTEM, YOU
8 ARE DIAL-A-QUOTE. AND I REALLY URGE YOU TO THINK ABOUT THIS.

9

10 **DR. BRIAN JOHNSTON:** SUPERVISOR, I'D LIKE TO RESPOND. IN 1992,
11 WE PUT PROPOSITION 166 ON THE BALLOT WHICH WOULD HAVE PROVIDED
12 HEALTH INSURANCE FOR MILLIONS OF CALIFORNIANS. WE PUT ON PROP.
13 67. WE SPONSORED THAT AND THAT WAS TO SUPPORT OUR EMERGENCY
14 AND TRAUMA SYSTEMS TO THE TUNE OF \$550 MILLION A YEAR
15 THROUGHOUT THE STATE OF CALIFORNIA. WE HAVE, IN FACT,
16 SUPPORTED THAT. WE LOOKED FOR INSURANCE REFORM, WE SUPPORTED
17 MEDI-CAL REIMBURSEMENT AND WE ARE, IN FACT, VERY MUCH
18 CONCERNED WITH THOSE ISSUES. WE DO NOT BELIEVE, IN A FREE
19 MARKET SOCIETY, THAT WE CAN DICTATE TO PRIVATE HOSPITALS AND
20 BOARDS OF TRUSTEES OF PRIVATE HOSPITALS WHAT THEY CAN DO. AND
21 THAT IS OUR POSITION. HOWEVER, I WILL TAKE YOUR ISSUE AND I'LL
22 GET A COPY OF THE TRANSCRIPT AND I WILL TAKE YOUR ISSUE TO THE
23 LOS ANGELES COUNTY MEDICAL ASSOCIATION AND WE WILL CONSIDER
24 IT. I THANK YOU.

25



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1 **SUP. YAROSLAVSKY:** THANK YOU.

2

3 **SUP. MOLINA, CHAIR:** I WAS GOING TO SAY SOMETHING BUT I BETTER
4 NOT ADD TO IT. OKAY. MISS VERA, PLEASE. THANK YOU, DR.
5 JOHNSON.

6

7 **YOLANDA VERA:** THANK YOU. MY NAME IS YOLANDA VERA AND I'M THE
8 DIRECTOR OF L.A. HEALTH ACTION, WHICH IS A CALIFORNIA FUNDED
9 PROJECT FOCUSED ON PRESERVING AND EXPANDING HEALTH ACTS AS FOR
10 LOW INCOME LOS ANGELES COUNTY RESIDENTS. AS PART OF THIS
11 EFFORT, MY OFFICE AND THE CALIFORNIA ENDOWMENT CONVENES A
12 SERIES OF MEETINGS CALLED THE LOS ANGELES COLLABORATIVE OVER
13 THE LAST 18 MONTHS. THE LOS ANGELES COLLABORATIVE IS A NETWORK
14 OF APPROXIMATELY 50 GOVERNMENT AGENCIES, PRIVATE AND PUBLIC
15 HEALTHCARE PROVIDERS, ORGANIZED LABOR, EDUCATORS, HEALTH
16 PLANS, PATIENT ADVOCATES, FAITH-BASED AND OTHER COMMUNITY
17 ORGANIZATIONS DEDICATED TO PRESERVING LOS ANGELES COUNTY
18 SAFETY NET SYSTEM. LAST WEEK, A DIVERSE SUBGROUP OF THE
19 COLLABORATIVE MET AT OUR OFFICE TO DISCUSS THE GOVERNANCE
20 TOPIC RELATING TO LOS ANGELES HEALTHCARE FACILITIES. THIS
21 SUBGROUP INCLUDED REPRESENTATIVES FROM THE HOSPITAL
22 ASSOCIATION OF SOUTHERN CALIFORNIA, THE LOS ANGELES CHAMBER OF
23 COMMERCE, THE LOS ANGELES COUNTY MEDICAL ASSOCIATION, L.A.
24 CARE, U.S.C. SCHOOL OF MEDICINE, COMMUNITY HEALTH COUNCILS,
25 S.E.I.U. LOCAL 660, TENET HOSPITAL, SOUTHERN CALIFORNIA AND MY



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1 OFFICE. NOW, GIVEN THE RAPID PACE OF EVENTS, THE SUBGROUP HAS
2 YET TO FULLY IDENTIFY OR DISCUSS WHETHER A HEALTH AUTHORITY IS
3 THE BEST MODEL. CONSENSUS DOES EXIST, HOWEVER, THAT CHANGES
4 MUST BE IDENTIFIED AND CONSIDERED TO IMPROVE ACCOUNTABILITY,
5 EFFICIENCY AND QUALITY OF PATIENT CARE AT THE COUNTY'S
6 FACILITIES. AND THE INDIVIDUAL ORGANIZATIONS ATTENDING THIS
7 MEETING SUPPORT SUPERVISOR KNABE'S MOTION AND BELIEVES IT ASKS
8 MANY OF THE RIGHT QUESTIONS AND THAT, BY SEEKING ANSWERS TO
9 THESE QUESTIONS, THE HEALTH AUTHORITY BLUEPRINT CAN RAISE THE
10 LEVEL OF PUBLIC DISCUSSION ABOUT ALTERNATE GOVERNANCE OPTIONS.
11 ADDITIONAL UPDATED INFORMATION SHOULD BE SOUGHT REGARDING THE
12 STRENGTHS AND WEAKNESSES OF VARYING MODELS ADOPTED IN OTHER
13 AREAS SUCH AS YORK, MONTEREY, ALAMEDA COUNTY, DENVER,
14 COLORADO. THE COLLABORATIVE WILL BE REVIEWING AND DISCUSSING
15 POSSIBLE MODELS FOR GOVERNANCE REFORM AND TRYING TO DEVELOP
16 OTHER MODELS. WE WELCOME ANY OPPORTUNITY TO SUPPORT THE
17 SUPERVISORS' EFFORTS ON THIS TOPIC. THANK YOU.

18

19 **SUP. MOLINA, CHAIR:** DR. CLAVREUL.

20

21 **DR. GENEVIEVE CLAVREUL:** YES. GOOD AFTERNOON, BOARD OF
22 SUPERVISORS. WELL, ONE NIGHT YOU READ THE EXECUTIVE SUMMARY
23 AND REVIEW OF THE PROBLEMS AT KING DREW BY NAVIGANT. MANY OF
24 THE PROBLEMS WERE IDENTIFIED, BOTH IN EXECUTIVE SUMMARY AS
25 WELL, ESPECIALLY ON THE NURSING PART. THOSE WERE THE ISSUES WE



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1 HAVE PAID THE CAMDEN GROUP ALMOST \$1 MILLION TO CORRECT. FOR
2 THE LAST YEAR, I REPEATEDLY ASKED FOR REPORTS SO WE COULD
3 SURVEY AND MONITOR THEIR PERFORMANCE. SUPERVISOR MOLINA SEEMED
4 VERY EXCITED ABOUT THE POSSIBILITY TO GET A REPORT ON TIME
5 ABOUT ISSUES. THAT'S WHAT A CONSULTANT IS SUPPOSED TO DO.
6 THEY'RE SUPPOSED TO TELL YOU AT WHICH POINT A CORRECTION WILL
7 BE MADE AND, IF THAT CORRECTION DOES NOT HAPPEN, SOMETHING
8 SHOULD HAPPEN FROM THE MANAGEMENT. I'M KIND OF CONCERNED WHEN
9 I SEE YOUR EXECUTIVE SUMMARY. IN NURSING, I DON'T LIKE SOME OF
10 THE RECOMMENDATIONS YOU ARE MAKING. I THINK THEY ARE VERY
11 CONCERNING TO ME, ESPECIALLY IN THE POSITION WHERE KING DREW
12 IS TODAY. TO REDUCE THE SPAN OF CONTROL FOR THE DIRECTOR OF
13 NURSING IS PROBABLY THE WORST ADVICE YOU COULD BE GIVEN. YOU
14 NEED A DIRECTOR OF NURSES WHO HAVE A LOT OF POWER, WHO IS
15 CHARISMATIC, WHO IS POWERFUL, WHO IS KNOWLEDGEABLE TO MAKE
16 THAT CHANGE. AND TO DOING THE CONTRARY, I THINK THAT'S A POOR
17 RECOMMENDATION. BUT THAT'S MY, YOU KNOW, MY OPINION AND, SINCE
18 I'VE BEEN RIGHT ALL LAST YEAR, I THINK SOMEBODY SHOULD LISTEN
19 TO THAT OPINION. I'M NOT IMPRESSED WITH SOME OF THE FINDINGS
20 AND I THINK, THIS TIME, I HOPE WE DON'T WAIT ONE YEAR TO
21 REVIEW WHAT'S GOING ON. AND A LOT OF THE RECOMMENDATION ON
22 NURSING, EXTREMELY WEAK. I DON'T KNOW ABOUT THE REST BECAUSE I
23 DID NOT REVIEW IT IN DETAIL AS A RECOMMENDATION. BUT I THINK
24 WHAT'S GOING ON AND, YOU KNOW, EVERY TIME YOU COME HERE, YOU
25 MENTION YOU ARE 24/7 AT THE HOSPITAL. I THINK THAT'S A



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1 MISREPRESENTATION. YOU MAY BE NOW, THE LAST FEW DAYS, BUT YOU
2 HAVE NOT BEEN ALL ALONG AND I THINK PART OF THE PROBLEM,
3 PEOPLE ARE NOT REPRESENTING THE FACTS, THE WRONG INFORMATION
4 IS TRANSMITTED, THERE IS ACUTE MISREPRESENTATION AND I THINK
5 IT'S TIME TO STOP THAT, ESPECIALLY WHEN YOU GET PAID 30.2
6 MILLION. I THINK TO BE TRUTHFUL WITH THE PEOPLE IS ESSENTIAL
7 AND TO COME IN HERE AND SAY YOU WERE THERE 24/7 ALL ALONG, NO.
8 A COUPLE OF TIMES YOU WAS. I WILL LISTEN TO THE TAPE AND
9 REVIEW IT. THEY ARE NOT THERE ON WEEKENDS SOMETIMES WHEN
10 PEOPLE NEED HELP. AND, YOU KNOW, THEY'RE BEING PAID ENOUGH TO
11 DO IT, TO BE THERE. THANK YOU.

12

13 **SUP. MOLINA, CHAIR:** THANK YOU. NEXT WE HAVE CHRIS EDWARDS,
14 YVONNE MICHELLE AUTRY AND MICHAEL BAUER. PLEASE JOIN US. MISS
15 EDWARDS.

16

17 **CHRIS EDWARDS:** GOOD AFTERNOON. IT IS CONCERNING. I AM GLAD,
18 THOUGH, TO SEE FINALLY THERE IS SOME CONCERN ABOUT THE CULTURE
19 CHANGE. THE CULTURE CHANGE ONLY CAN BEGIN, HAPPEN AND REMAIN
20 WHEN THE TOP OF THE CULTURE CHANGE CHANGES. WE NOW KNOW THAT,
21 ON JUNE THE 8TH, DR. GARTHWAITE SENT TO THE BOARD OF
22 SUPERVISORS A LETTER SAYING THAT THE NURSING HAD TURNED AROUND
23 SO MUCH, SO MUCH SO, THANKS TO THE WORK OF THE CAMDEN GROUP,
24 THAT THE REGULATORY AGENCIES WERE HAPPY AND PLEASED. WHICH WAS
25 ODD BECAUSE, ON JULY 13TH, AT LEAST ONE OF THOSE REGULATORY



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1 AGENCIES, THE C.M.S., SENT A LETTER STIPULATING AND STATING
2 QUITE CLEARLY THE PLANS OF CORRECTION WERE UNACCEPTABLE. THAT
3 MEANS THEY WEREN'T HAPPY, IN PARTICULAR, WITH NURSING
4 SERVICES. TO THIS DATE, I HAVE NOT SEEN ANY MEMBER OF THE
5 BOARD OF SUPERVISORS ASK DR. GARTHWAITE, HOW CAN YOU SAY, ON
6 ONE MONTH, THINGS ARE HUNKY DOREY AND, ON THE NEXT MONTH,
7 WE'RE LOSING OUR MONEY? HOW CAN YOU STAND HERE AND HAVE,
8 ALMOST WEEK AFTER WEEK, PEOPLE ASK YOU, WHAT IS THE CAMDEN
9 GROUP DOING? TO HAVE MR. LEAF TELL YOU, "WELL, THEY'RE TOO
10 BUSY WORKING TO DO REPORTS." AND NOW WE DISCOVER, IN THE
11 NAVIGANT REPORT, THAT PROBABLY, I WOULD SAY, I'LL BE KIND, 75%
12 OF WHAT WE PAID ALMOST A MILLION DOLLARS FOR DIDN'T GET DONE
13 AND STILL HASN'T GOTTEN DONE YET. SO IF YOU'RE GOING TO INSIST
14 ON A CULTURE CHANGE, IT NEEDS TO START WITH THESE TWO GUYS TO
15 MY LEFT. AND YOU NEED TO SERIOUSLY CONSIDER REMOVING THEM FROM
16 THE CHAIN OF COMMAND BECAUSE THESE ARE THE SAME PEOPLE THAT
17 MISREPRESENTED THE JOB THE CAMDEN GROUP WAS DOING FOR A YEAR,
18 FOR ONE FULL YEAR. NOW, NAVIGANT GETS TO ANSWER TO THE VERY
19 PEOPLE WHO BASICALLY LIED TO YOU AND TO US, THE CITIZENS, FOR
20 WHOM YOU REPRESENT. BUT I GUESS THAT DOESN'T MATTER BECAUSE
21 YOU WANT THEM TO LIE TO YOU SO YOU CAN SIT THERE AND PRETEND
22 YOU DIDN'T KNOW, BECAUSE YOU HAVE SOME CHOICES TO MAKE. NOW, I
23 WOULD LIKE TO MAKE ONE RECOMMENDATION ABOUT THE PUBLIC
24 DOCUMENT. NOT EVERYBODY HAS ACCESS TO THE INTERNET OR HIGH
25 BAND TRANSFER, AND IT IS A RATHER VOLUMINOUS DOCUMENT. SO



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1 PERHAPS IF IT HASN'T BEEN THOUGHT OF YET, PERHAPS AT D.H.S.
2 AND AT THE EXECUTIVE OFFICE, A BINDER COULD BE AVAILABLE TO
3 MEMBERS OF THE PUBLIC WHO DON'T HAVE ACCESS TO A COMPUTER, OR
4 PERHAPS AT A LIBRARY WHERE THEY COULD ACTUALLY LOOK AT THAT
5 BOOK, BECAUSE IT IS ALMOST A THOUSAND PAGES AND THAT'S IF YOU
6 COMBINE THE ENTIRE DOCUMENT. IT IS SEPARATED INTO SEPARATE PDF
7 SEGMENTS BUT, ON ALL, THEY ALL ARE VERY BIG AND THE SAME
8 DOCUMENT WOULD BE HELPFUL IF THE PUBLIC CAN COME IN AND LOOK
9 AT IT WITHOUT HAVING TO WORRY ABOUT HAVING INTERNET ACCESS. SO
10 IT WOULD BE HELPFUL TO HAVE IT AT A CENTRALIZED LOCATION,
11 INCLUDING THE MONITORING STEPS BUT YOU NEED TO CONSIDERABLY
12 THINK ABOUT THE PEOPLE YOU'RE PAYING \$330,000 AND \$280,000 TO
13 TO DO THEIR JOB. THEY GOT A RAISE AFTER THIS DEBACLE. SO THERE
14 IS NO CULTURE CHANGE BEING _____. WHY SHOULD THEY
15 CHANGE THEIR CULTURE? HERE, HERE IS A RAISE. YOU DID SO GOOD.
16 YOU NEED TO THINK ABOUT YOUR ACTIONS.

17

18 **SUP. MOLINA, CHAIR:** THANK YOU, MISS EDWARDS. MISS AUTRY.

19

20 **YVONNE MICHELLE AUTRY:** THANK YOU FOR AN OPPORTUNITY TO ADDRESS
21 THE BOARD. FOR THE RECORD, MY NAME IS YVONNE MICHELLE AUTRY
22 AND I WOULD LIKE TO CONCUR WITH WHAT CHRISTINE AND HER MOTHER,
23 DR. GENEVIEVE CLAVREUL, HAVE STATED TODAY. FIRST OF ALL, I
24 THINK THAT THERE'S AN ADEQUATE AMOUNT OF MONEY THAT HAS BEEN
25 AVAILABLE TO YOU. WE'VE HEARD ON MORE RECENT TESTIMONIES THAT



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1 MARTIN LUTHER KING IS ONE OF THE MOST LUCRATIVE TEACHING
2 HOSPITALS IN THE COUNTRY. SO I THINK IT'S AN OBVIOUS PROBLEM
3 THAT THERE HAS BEEN A MISAPPROPRIATION AND A MISUSE OF FUNDS
4 PERPETRATED BY MR. GARTHWAITE AND HIS ASSOCIATES. I THINK IT'S
5 BEEN OBVIOUS AND I THINK YOU'RE RESPONSIBLE BECAUSE YOU
6 HAVEN'T TAKEN ANY EXECUTIVE ACTION TO RECTIFY, TO CHANGE, OR
7 TO CORRECT THE MISAPPROPRIATION AND THE MISUSE OF FUNDS AND
8 THE PEOPLE IN THE COMMUNITY HAVE SUFFERED DIRECTLY BECAUSE OF
9 YOUR LACK OF ACTION. I MEAN, IT'S BEEN BROUGHT TO YOUR
10 ATTENTION ON MANY OCCASIONS. IT'S JUST YOU, YOU'RE IGNORING
11 THE TRUTH AND THE FACTS. NUMBER ONE. AND I THINK THAT THAT'S
12 JUST HORRENDOUS. YOU KNOW, I'M AGAINST GANG ACTIVITY, YOU
13 KNOW. I DON'T GO TO THE HOSPITALS. I BELIEVE IN PREVENTION.
14 BUT FOR THOSE THAT NEED THE SERVICES AT THE TRAUMA CENTER,
15 THEY NEED THE CORRECT TYPE OF MEDICATION. YOU KNOW, I'M
16 HOLISTIC, I'M GOING TO HOLISTIC SCHOOL RIGHT NOW. THEY NEED
17 PROPER SERVICE AND CARE, ON TIME, NOT FIVE OR 10 HOURS AFTER
18 THE FACT. THEY NEED NURSES THAT ARE GOING TO RESPOND, WHEN
19 THEIR SIGNALS, YOU KNOW, ARE INDICATED SO THAT THEY'RE NOT
20 DYING, BECAUSE THE MAJORITY OF THESE PATIENTS, AGAIN, ARE
21 BLACK PEOPLE, PEOPLE OF COLOR. THEY NEED TO NOT BE INFECTED
22 WITH DISEASES, THEY DON'T NEED TO BE OVERMEDICATED,
23 EXPERIMENTED ON WITH, YOU KNOW, CERTAIN TYPES OF VACCINATIONS
24 OR MEDICATIONS THAT ARE NOT STANDARD, WHICH HAPPENS BUT IT'S
25 COVERED UP. THEY NEED NOT TO HAVE THE SCALPEL SEWED UP INSIDE



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1 OF THEM, OKAY? AND I THINK THAT'S JUST HORRIBLE IN A HOSPITAL
2 WHERE THERE IS MONEY AVAILABLE. AND IF MARTIN LUTHER KING
3 DOESN'T HAVE ADEQUATE SERVICES, THEN THEY NEED TO BE TAKEN TO
4 HOSPITALS AND FACILITIES WHERE THERE ARE THE FACILITIES THAT
5 CAN HELP THESE PEOPLE. ALSO, FINALLY, I THINK THAT YOU NEED TO
6 EXPAND THE BOARD, AGAIN. MARTIN LUTHER KING IS IN AN AREA. MY
7 MOTHER WORKED THERE FOR MANY YEARS. LIKE I SAID, PREDOMINANTLY
8 PEOPLE OF COLOR. WHY DO YOU HAVE AN ALL ANGLO BOARD TO
9 MINISTER TO PEOPLE OF COLOR IN 2005? YOU HAVE ENOUGH
10 PROFESSIONALS THAT ARE ACCREDITED, YOU HAVE BLACK WOMEN, BLACK
11 MEN, YOU HAVE LATINO MEN, LATINO WOMEN. WHERE ARE THEY
12 REPRESENTED ON YOUR BOARD? YOU TALKED ABOUT TASING LAST YEAR.
13 I KNOW ABOUT SOCIAL WORKERS AND HOW THEY SUBMIT LIES. SO I
14 WOULD NOT PUT IT ABOVE SOME OF THESE PEOPLE, I MEAN, WITH ALL
15 DUE RESPECT, I'M NOT TRYING TO INSULT YOU, TO JUSTIFY
16 EXCESSIVE FORCE USED BECAUSE IT KEEPS THOSE PEOPLE MEDICATED.
17 IT KEEPS THEM, YOU KNOW, WITH THAT HORRIBLE STIGMA AND THAT
18 HORRIBLE STEREOTYPE OF BEING MENTALLY ILL. I KNOW, BECAUSE I'M
19 FIGHTING AGAINST THAT MISDIAGNOSIS TODAY, OKAY? SO, AGAIN, I
20 THINK YOU NEED TO EXPAND YOUR BOARD, NOT JUST FOR CULTURAL
21 CONSIDERATION BUT, AGAIN, I MEAN, PEOPLE ARE COMPLAINING. I
22 THINK THAT YOU HAVE AN OBLIGATION TO LISTEN AND TAKE INTO
23 CONSIDERATION WHAT WE'RE SAYING, FROM BOTH A PROFESSIONAL
24 POINT OF VIEW AND JUST MEMBERS OF THE COMMUNITY WHO BRING THIS
25 BEFORE YOUR BOARD ALMOST EVERY WEEK. THANK YOU VERY MUCH.



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1

2 **SUP. MOLINA, CHAIR:** THANK YOU, MISS AUTRY. MR. BAUER?

3

4 **MICHAEL BAUER:** YES. GOOD MORNING, BOARD OF SUPERVISORS. THIS
5 WILL BE RELATED TO THE FUNDING THAT'S GOING TO MARTIN LUTHER
6 KING AND ALSO ALL THE OTHER HOSPITALS IN L.A. COUNTY. I'M
7 ACTUALLY A PRE-LAW STUDENT AT CERRITOS COLLEGE. I JUST STARTED
8 CLASSES YESTERDAY AND I'M ACTUALLY TAKING PARALEGAL AND I'VE
9 ALREADY PASSED LAST SEMESTER WITH AN A-PLUS IN CRIME SCENE
10 INVESTIGATION. I'M ALSO REFERRING TO THESE HOSPITALS THAT YOU
11 GUYS FUND ABOUT THE MENTAL HEALTH DEPARTMENT IN THESE
12 HOSPITALS, THE PSYCHIATRY WARDS. I USED TO BE A PART OF THOSE
13 MENTAL HEALTH INDUSTRIES. I WAS BRAVE ENOUGH TO KICK MY OWN
14 SELF OUT AND I'VE ALREADY BEEN DIAGNOSED WITH NO MENTAL
15 ILLNESS ANY MORE. I HAD A CAT SCAN, THIS CAT SCAN DONE JUST
16 RECENTLY AT ONE OF THE BEST HOSPITALS IN CALIFORNIA, ARROWHEAD
17 MEDICAL CENTER IN SAN BERNARDINO, WHO WAS ALREADY PUT IN THE
18 L.A. TIMES FOR HOW GOOD AND HOW ACCURATE THEY ARE. NO HOSPITAL
19 IN L.A. COUNTY WAS IN THE L.A. TIMES BECAUSE MOST OF YOUR
20 HOSPITALS ARE CORRUPT. NOT ONLY AM I BRINGING UP THIS
21 SITUATION ABOUT THE FUNDING WITH THEM BUT THIS IS REGARDING
22 ALL HOSPITALS IN L.A. COUNTY. I HAVE A 72-PAGE REPORT FROM A
23 PH.D. SHOWING HOW FRAUDULENT THE PSYCHIATRY WARDS ARE AND HOW
24 YOU GUYS ARE FUNDING, HOW YOU GUYS ARE FUNDING THESE HOSPITALS



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1 TO ACTUALLY PUT PEOPLE ON SO-CALLED 5150S AND THE MEDI-CAL IS
2 PAYING OVER \$50 BILLION A YEAR...

3

4 **FEMALE VOICE:** THAT IS RIGHT.

5

6 **MICHAEL BAUER:** ...TO FALSIFY DOCUMENTS.

7

8 **FEMALE VOICE:** THAT'S RIGHT.

9

10 **MICHAEL BAUER:** NOW, I HAVE ANOTHER REGARDS TO THIS. I AM VERY
11 GOOD FRIENDS WITH CITIZENS COMMISSION ON HUMAN RIGHTS. I HAVE
12 ALREADY BEEN TO THEIR SCIENTOLOGY MUSEUM ON SUNSET BOULEVARD
13 WHICH SAYS PSYCHIATRY KILLS. I'M GOING TO ASK FOR A STOP TO
14 THIS OR ELSE I CAN EVEN GO FURTHER THAN WHAT I'M SAYING RIGHT
15 NOW. THERE IS AN INVESTIGATION ON-- THERE'S AN INVESTIGATION
16 ON METROPOLITAN STATE HOSPITAL IN 2003 BY THE U.S. DEPARTMENT
17 OF JUSTICE. IF YOU WANT TO KEEP THIS UP, I'LL PULL THAT DOWN
18 ACTUALLY FROM THE NEWSPAPER BECAUSE IT WAS IN L.A. TIMES, I
19 CAN MENTION THE EXACT DATE. JULY 4TH, 2003. IT WAS A FRIDAY
20 THAT ARTICLE WENT OUT. THEY ARE CLAIMING FALSE
21 DIAGNOSISES[SIC], ABUSE ON CHILDREN AND WRONGFUL MEDICATION. I
22 SWEAR, BY MY GRANDMOTHER'S GRAVE, IF YOU GUYS DON'T STOP
23 FUNDING THESE PEOPLE FOR THIS, I WILL PUT YOU GUYS DOWN SO FAR
24 IN THE HOLE THAT THE F.B.I., SECRETARY OF STATE AND
25 WASHINGTON, D.C., WILL KNOW ABOUT THIS FOR ILLEGALLY FUNDING



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1 MEDI-CAL AND I BET YOU, EVERY ONE OF YOU BOARD MEMBERS, ALL
2 THESE HOSPITALS THAT ALLOW THIS TO HAPPEN WILL BE IN FEDERAL
3 PRISON.

4

5 **SUP. MOLINA, CHAIR:** THANK YOU VERY MUCH. OKAY. THE ITEMS ARE
6 BEFORE US AND I WAS JUST REMINDED THAT, UNDER THE NAVIGANT,
7 WHICH WAS-- I PROMISED THERE WOULD BE AN HOUR AND A HALF, IT'S
8 A LITTLE BIT LONGER, MISS ROBERTSON, THAN WE THOUGHT, THERE
9 HAVE BEEN RECOMMENDATIONS THAT ARE BEFORE US OF THE BOARD. AND
10 IT'S MY UNDERSTANDING IS TO INSTRUCT THE DEPARTMENT TO WORK
11 WITH NAVIGANT TO IMPLEMENT IMMEDIATELY THOSE RECOMMENDATIONS
12 THAT ARE WITHIN THE SCOPE OF THE DEPARTMENT'S AUTHORITY.
13 SECONDLY, THAT WE INSTRUCT THE DEPARTMENT-- THE DIRECTOR OF
14 HEALTH SERVICES, THE C.A.O., THE DIRECTOR OF PERSONNEL, THE
15 DIRECTOR OF INTERNAL SERVICES, THE DIRECTOR OF PUBLIC WORKS,
16 COUNTY COUNSEL AND OTHER INVOLVED DEPARTMENTS TO EXPEDITE THE
17 IMPLEMENTATION OF RECOMMENDATIONS BEYOND THE SCOPE OF THE
18 DEPARTMENT, YET WITHIN EXISTING DELEGATED AUTHORITY THAT RESTS
19 WITH OTHER COUNTY DEPARTMENTS. AND FINALLY, THAT WE INSTRUCT
20 THE DEPARTMENT TO RETURN NEXT WEEK TO YOUR BOARD WITH A PLAN
21 FOR THE ESTABLISHMENT OF TWO CAPITAL PROJECTS FOR THE
22 RENOVATION OF THE PERIOPERATIVE SERVICES AND THE INPATIENT
23 PSYCHIATRIC UNITS AT KING DREW MEDICAL SERVICES. THOSE ARE THE
24 RECOMMENDATIONS THAT ARE BEFORE US IN THE NAVIGANT REPORT THAT
25 WE MUST TAKE ACTION ON TODAY.



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1

2 **SUP. ANTONOVICH:** WOULD THIS ALSO INCLUDE MY...

3

4 **SUP. MOLINA, CHAIR:** NO, NO. THAT'S JUST FOR THIS ONE. THEN WE
5 HAVE MR. KNABE'S MOTION...

6

7 **SUP. ANTONOVICH:** NO, NO, I MEAN, ON THE AUDIT REPORT BACK IN
8 15 DAYS RELATIVE TO THE...

9

10 **SUP. MOLINA, CHAIR:** I KNOW, MR-- WHAT'S THE OTHER MOTION? I
11 WANTED TO TAKE...

12

13 **SUP. ANTONOVICH:** NOT THE MOTION I HAVE ON THE AGENDA. THIS IS
14 THE AMENDMENT I HAD INTRODUCED TO S-1.

15

16 **SUP. MOLINA, CHAIR:** WHAT IS YOUR MOTION?

17

18 **SUP. ANTONOVICH:** THE AMENDMENT TO S-1, WHICH WAS TO REVIEW THE
19 AUDITS AT MARTIN LUTHER KING MEDICAL CENTER PERFORMED BY THE
20 AUDITOR-CONTROLLER AND THE DEPARTMENT OF HEALTH SERVICES,
21 INSPECTION AND AUDIT DIVISION OVER THE LAST 10 YEARS AND
22 REPORT BACK TO THE BOARD IN 15 DAYS OUTLINING THE
23 RECOMMENDATIONS WHICH HAVE NOT BEEN FULLY IMPLEMENTED.

24

25 **SUP. YAROSLAVSKY:** HOW MUCH TIME IS THAT GOING TO TAKE?



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1

2 **SUP. ANTONOVICH:** IT'S PRETTY GOOD BUT...

3

4 **SUP. YAROSLAVSKY:** I KNOW WHERE YOU'RE HEADED AND I DON'T
5 DISAGREE WITH WHAT YOU WANT TO ACCOMPLISH. I JUST-- I'M JUST
6 CONCERNED, MIKE, THAT WE PUT THE HORSE BEFORE THE CART HERE
7 AND THAT WE'RE NOT SUCKING UP ALL THE RESOURCES. IF IT CAN BE
8 DONE EASILY, THAT'S ONE THING BUT WHAT IS THE IMPLICATION OF
9 THAT?

10

11 **FRED LEAF:** THERE ARE 13 AUDITOR-CONTROLLER AUDITS THAT WE
12 COULD REVIEW AND THAT WOULD BE EASY TO RESPOND TO IN 15 DAYS.
13 WITH RESPECT TO D.H.S. AUDITS, THERE ARE APPROXIMATELY 462
14 AUDITS.

15

16 **SUP. YAROSLAVSKY:** WHAT ARE THE FIRST ONES? WHAT ARE THE...

17

18 **FRED LEAF:** THE AUDITOR-CONTROLLER REVIEWS. THERE ARE 13 SINCE
19 1995 OR FOUR.

20

21 **SUP. ANTONOVICH:** OKAY.

22

23 **FRED LEAF:** AND THEN WE HAVE 462 DEPARTMENTAL AUDITS.

24

25 **SUP. YAROSLAVSKY:** WOULD YOU BE SATISFIED STARTING WITH THAT?



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1

2 **SUP. ANTONOVICH:** THAT'S FINE.

3

4 **FRED LEAF:** THAT'S FINE. OKAY.

5

6 **SUP. YAROSLAVSKY:** WELL, I-- I MEAN, OTHER THAN-- MADAM CHAIR?
7 YOU KNOW, YOU'RE GOING TO ASK THE AUDITOR-CONTROLLER TO DO
8 THAT, TO REVIEW HIS OWN AUDITS AND DO THE CROSS TICK AND
9 REMOVE THE DEPARTMENT FROM THAT, I THINK, BECAUSE, OBVIOUSLY,
10 I MEAN, WE DON'T WANT TO IMPEDE WHAT'S GOING ON OUT THERE AS
11 IT RELATES TO M.L.K. AND OTHERS. SO JUST REMOVE THE DEPARTMENT
12 FROM YOUR MOTION, MIKE, AND JUST DIRECT THE AUDITOR-CONTROLLER
13 TO REVIEW HIS AUDITS AND REPORT BACK WITH WHAT'S NOT BEEN
14 IMPLEMENTED.

15

16 **SUP. MOLINA, CHAIR:** I THINK THAT'S A GOOD RECOMMENDATION.
17 COULD WE JUST STAY ON POINT RIGHT NOW JUST FOR A SECOND SO WE
18 HAVE SOME ORGANIZATION HERE? THERE ARE THREE RECOMMENDATIONS
19 THAT HAVE BEEN BROUGHT TO US THAT WE NEED TO UNDERTAKE RIGHT
20 AWAY.

21

22 **SUP. KNABE:** MOVE IT.

23

24 **SUP. MOLINA, CHAIR:** THANK YOU. IT'S BEEN MOVED, IT'S SECONDED
25 BY MS. BURKE. IF THERE'S NO OBJECTION, THEN LET'S MOVE THOSE



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1 ITEMS FORWARD. ALL RIGHT. NOW, LET'S GO THROUGH A SERIES OF
2 MOTIONS THAT ARE BEFORE US.

3

4 **SUP. ANTONOVICH:** AND THAT INCLUDED THE...

5

6 **SUP. MOLINA, CHAIR:** NO, MIKE. WE WANT TO TAKE YOURS UP
7 SEPARATE, PLEASE.

8

9 **SUP. ANTONOVICH:** OKAY.

10

11 **SUP. YAROSLAVSKY:** WHY DON'T YOU MODIFY YOUR MOTION TO-- JUST
12 FOR THE 13 AUDITOR-CONTROLLER AUDITS AND HAVE THE AUDITOR DO
13 IT AND GET-- BRING IT BACK.

14

15 **SUP. ANTONOVICH:** OKAY. SO MOVED. SO MOVED.

16

17 **SUP. YAROSLAVSKY:** SECOND.

18

19 **SUP. MOLINA, CHAIR:** BECAUSE MS. BURKE HAD A MOTION AS WELL AND
20 THEN MR. KNABE.

21

22 **SUP. BURKE:** I DON'T HAVE A MOTION.

23

24 **SUP. KNABE:** YEAH, SO ORDERED.

25



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1 **SUP. YAROSLAVSKY:** MIKE'S MOTION IS FINE.

2

3 **SUP. KNABE:** BUT YOU-- THE MOTION IS LIMITED TO THE
4 AUDITOR'S...

5

6 **SUP. ANTONOVICH:** AUDITOR-CONTROLLER.

7

8 **SUP. YAROSLAVSKY:** AS YOU SUGGESTED.

9

10 **SUP. KNABE:** VERY GOOD.

11

12 **SUP. BURKE:** I'LL REINTRODUCE THE MOTION BUT I THINK IN THE
13 MINUTES IT SAYS IT WAS APPROVED.

14

15 **SUP. KNABE:** YEAH, IT WAS APPROVED BUT IT'S TO COME BACK ON THE
16 4TH.

17

18 **SUP. MOLINA, CHAIR:** ON THE 1ST.

19

20 **SUP. KNABE:** WHENEVER THAT REPORT'S COMING BACK.

21

22 **SUP. BURKE:** YES. IT WAS APPROVED LAST WEEK.

23

24 **SUP. KNABE:** AND, MADAM CHAIR, I MOVE MY ITEM NUMBER 2.

25



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1 **SUP. MOLINA, CHAIR:** ALL RIGHT. THIS IS MR. KNABE'S MOTION ON
2 THE BLUEPRINT THAT WE NEED ON THE HEALTH AUTHORITY.

3

4 **SUP. YAROSLAVSKY:** MADAM CHAIR, CAN I SPEAK TO IT BRIEFLY?

5

6 **SUP. MOLINA, CHAIR:** SURE.

7

8 **SUP. YAROSLAVSKY:** I'M DELIGHTED TO SUPPORT MR. KNABE'S MOTION
9 AND I HOPE IT WILL LEAD TO SOMETHING BY THE TIME WE GET AROUND
10 TO IT AND I HOPE IT WILL LEAD TO A STRUCTURE THAT GIVES US
11 LONG-TERM REFORM AND SUSTAINABILITY OF OUR HEALTH DEPARTMENT.
12 I DO AGREE WITH MANY PEOPLE WHO, INCLUDING MYSELF, WHO HAVE
13 SAID THAT-- YEAH, SOMETIMES, I AGREE WITH MYSELF, TOO, MR.
14 JANSSEN. [LAUGHTER]

15

16 **SUP. YAROSLAVSKY:** IT'S UNUSUAL BUT IT MAKES LIFE INTERESTING
17 WHEN YOU DON'T ALWAYS AGREE WITH YOURSELF. IS THAT OUR FIRST
18 PRIORITY HAS TO BE TO FIX THE HOSPITAL AND THIS IS NOT A
19 SHORT-TERM FIX, IT IS A LONG-TERM-- IT SUSTAINS A LONG-TERM
20 REFORM AND IT ENSURES THAT THERE IS ACCOUNTABILITY AND
21 INDEPENDENCE AND BOTH A FILTER AND A BUFFER AMONG ALL OF THE
22 ENTITIES THAT MAKE THIS HEALTH SYSTEM WORK OR SUPPOSED TO MAKE
23 IT WORK. I KNOW IT'S CONTROVERSIAL. I'VE SUPPORTED THIS, AS MY
24 COLLEAGUES KNOW, SINCE 1995, I TRIED TO BRING A MOTION IN IN
25 1995. I COULDN'T GET A SECOND, AND MAYBE IT WAS A LITTLE BIT



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1 AHEAD OF ITS TIME. BUT I THINK, THE MORE WE GET INTO IT, THE
2 MORE WE REALIZE, ALL OF US, WE DON'T CONTROL THE HEALTH
3 DEPARTMENT. IT'S AN INTERESTING CONCEPT THAT THERE'S BEEN TOO
4 MUCH MEDDLING IN THE HEALTH DEPARTMENT. THERE HASN'T BEEN
5 ENOUGH MEDDLING. IF THERE WAS ANY MORE MEDDLING, MAYBE WE
6 WOULDN'T BE IN THE MESS WE'RE IN BUT IT'S BEEN-- THERE HAS
7 BEEN A DISCONNECT, JUST AS THERE HAS BEEN A DISCONNECT BETWEEN
8 YOUR SHOP AND THE DEPARTMENT, THERE HAS BEEN A DISCONNECT
9 BETWEEN THIS SHOP AND THE DEPARTMENT, BECAUSE WE RELY ON YOU,
10 AT LEAST FOUR OF US, IF NOT FIVE OF US, RELY ON YOU DAY IN AND
11 DAY OUT TO FILTER THE INFORMATION TO US. AND WE'VE HAD WHAT I
12 CALL THE SADDAM HUSSEIN SYNDROME HERE, WHICH IS NOTHING BUT
13 GOOD NEWS EVER GETS TO US. EVERYTHING IS ALWAYS GOING WELL.
14 I'VE NEVER HEARD ANYBODY IN THE HEALTH DEPARTMENT SAY, "OH,
15 IT'S A DISASTER, WE'VE REALLY GOT PROBLEMS." IT'S ALWAYS,
16 "THINGS ARE LOOKING UP, IT'S GOING TO GET BETTER," AND THAT'S-
17 - YOU KNOW, SADDAM HUSSEIN IS SITTING IN A CELL NOW THINKING
18 HE STILL WON THE '91 PERSIAN GULF WAR BECAUSE THAT'S WHAT HE
19 WAS TOLD BY HIS SUBORDINATES. SO I REALLY BELIEVE THAT WE NEED
20 A STRUCTURE OVER THE LONG HAUL THAT GIVES US INDEPENDENT,
21 COMPETENT INFORMATION THAT IS SEPARATE FROM THE DEPARTMENT'S
22 LINE STAFF AND EVEN THE DEPARTMENT'S MANAGEMENT, FROM A GROUP
23 OF PEOPLE WHO HAVE NO VESTED INTEREST IN SOMEBODY'S JOB, IN
24 SOMEBODY'S CIVIL SERVICE STATUS, IN SOMEBODY'S SALARY OR
25 SOMEBODY'S PENSION, BUT WHO HAS ONLY ONE VESTED INTEREST AND



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1 THAT IS IN THE QUALITY OF THE DELIVERY OF HEALTHCARE, IN THAT-
2 - IN OUR HEALTHCARE SYSTEM. AND I DON'T THINK WE OUGHT TO BE
3 IN A RUSH TO PUT THIS TOGETHER BUT I DON'T THINK WE OUGHT TO
4 DRAG OUR FEET, EITHER. AND I THINK IT OUGHT TO BE PART OF THE
5 CONTINUUM OF REFORMS THAT NAVIGANT IS PUTTING TOGETHER. I
6 THINK THE FIRST AND FOREMOST THING IS TO GET RID OF THE PEOPLE
7 WHO ARE NOT STEPPING UP AND EMPOWER THE PEOPLE WHO ARE, CREATE
8 A SYSTEM OF STANDARDS AND ACCOUNTABILITY, WHICH IS WHAT THE
9 BULK OF YOUR THOUSAND RECOMMENDATIONS ARE ABOUT. I THINK THE
10 NEXT IMPORTANT THING TO DO IS TO ESTABLISH THAT BOARD OF
11 DIRECTORS AT M.L.K. BECAUSE THAT'S WHERE OUR-- THAT'S GROUND
12 ZERO FOR OUR PROBLEMS AND THEN THE HEALTH AUTHORITY, PURSUANT
13 TO DON'S-- MR. KNABE'S MOTION, WE CAN WORK THIS OUT. AND I
14 THINK YOU'VE GET A NUMBER OF SOURCES OF PEOPLE YOU CAN RELY
15 ON, DAVID, IF THAT'S WHO'S GOING TO BE DOING THIS. BURT
16 MARGOLAN IS STILL ALIVE AND WELL, AS ARE MOST IF NOT ALL OF
17 THE PEOPLE WHO WERE A PART OF THAT COMMISSION IN '95. OUR
18 HOSPITAL COMMISSION. MY REPRESENTATIVE ON THE HOSPITAL
19 COMMISSION CONTACTED ME LAST WEEK, DR. AARON BURG, AND SAID
20 THAT THEY ARE ANXIOUS TO ASSIST US IN ANY WAY ON THIS ISSUE OF
21 THE HEALTH AUTHORITY. AND I THINK THAT WOULD BE ANOTHER
22 POSSIBILITY FOR INPUT AND, IN THE BROADER COMMUNITY, THE
23 HEALTHCARE DELIVERY COMMUNITY IN THE BROADEST POSSIBLE SENSE.
24 SO I SUPPORT IT. I'M GLAD YOU BROUGHT THIS IN AND I HOPE IT
25 GENERATES THE KIND OF MOMENTUM THAT WILL LEAD TO AN ULTIMATE



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1 STRUCTURE THAT PROVIDES FOR QUALITY HEALTHCARE FOR OUR
2 CITIZENS. WE CANNOT DO IT ALONE. IT'S JUST-- I WILL TAKE ISSUE
3 WITH ONE THING YOU SAID, TOM, EARLIER, THAT EVEN LEE IACocca
4 HAD A BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HE HAD WOULD
5 BE ANALOGOUS TO US. HE REPORTED UP TO A BOARD LIKE US BUT HE
6 HAD THE ABILITY TO HIRE AND FIRE EVERYBODY UNDER HIM IF THEY
7 WEREN'T GIVING-- AND HE HAD A BALANCE SHEET AND, YOU KNOW,
8 BUILDING CARS IS NOT NECESSARILY LIKE RUNNING A HEALTH SYSTEM
9 AND I THINK YOU'VE-- YOU WOULD BENEFIT FROM THIS, YOUR
10 PREDECESSOR WOULD HAVE BENEFITED FROM THIS AND YOUR SUCCESSOR
11 WOULD BENEFIT FROM THIS, AS ALL OF US WILL. SO I THINK IT'S
12 SOMETHING WE NEED TO DO AND THE TIME IS NOW

13

14 **SUP. KNABE:** MADAM CHAIR, I'D-- MADAM CHAIR? COULD I JUST ADD
15 THAT...

16

17 **SUP. MOLINA, CHAIR:** ABSOLUTELY.

18

19 **SUP. KNABE:** CLEARLY, YOU KNOW, I PUT A TIME FRAME IN THERE
20 THAT, YOU KNOW, HAS TOTAL FLEXIBILITY. I MEAN, WE NEEDED TO DO
21 SOMETHING TO KEEP IT ON TRACK IF IT TAKES MORE TIME THAN THAT.
22 SO I JUST WANT YOU TO KNOW THAT, I MEAN, THERE'S NO RUSH TO
23 JUDGMENT HERE BECAUSE, OBVIOUSLY, THE SHORT-TERM ISSUE WITH
24 M.L.K. IS TOTALLY DIFFERENT THAN THE LONG-TERM ISSUE WITH THE
25 POTENTIAL HEALTH AUTHORITY.



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1

2 **SUP. MOLINA, CHAIR:** I APPRECIATE SUPERVISOR KNABE'S MOTION

3 BECAUSE IT WAS VERY COMPREHENSIVE FROM THE STANDPOINT OF

4 ASKING EXACTLY THE QUESTIONS, EVERYTHING FROM LIABILITY TO

5 FIDUCIARY RESPONSIBILITY, HOW TO CARRY IT OUT AND I THINK

6 THAT'S WHAT WE WANT TO KNOW. WE ALSO KNOW IT'S NOT GOING TO BE

7 A PANACEA FOR ANY OF THAT BECAUSE, AT THE END OF THE DAY,

8 WE'RE STILL RESPONSIBLE. BUT THE POINT IS THAT IT'S A VERY--

9 IT WAS VERY COMPREHENSIVE AND I APPRECIATE THAT. THE OTHER

10 ISSUE, THOUGH, AS WELL, IS, UNFORTUNATELY, THERE'S PROBABLY

11 GOING TO BE MANY A LEGISLATOR RUSHING TO INTRODUCE SUCH A BILL

12 FOR US ON OUR BEHALF THAT PROBABLY WILL NOT HAVE THE KIND OF

13 CONTENT THAT WE WANT IT TO HAVE. SO MR. KNABE, IF YOU WOULDN'T

14 MIND A RECOMMENDATION ALONG THE SAME WAY THAT WE ASK OUR

15 LEGISLATIVE STRATEGISTS TO WORK WITH MEMBERS OF THE

16 LEGISLATURE TO HOPEFULLY ALLOW THE APPROPRIATE VEHICLE TO COME

17 THROUGH AS TO THE CONTENT OF THAT, BECAUSE I THINK THAT'S

18 GOING TO BE HAPPENING AS WELL. AND IF WE COULD ALSO GET AN

19 ANALYSIS. I KNEW THAT THERE IS AN ALAMEDA AUTHORITY THAT

20 PROBABLY OPERATES UNDER THIS VERY SIMILAR STATE GUIDELINES.

21 I'D LIKE TO UNDERSTAND HOW THAT'S WORKING AND WHAT-- AN

22 ANALYSIS OF WHAT WOULD BE MORE EFFECTIVE IN ORDER FOR IT TO BE

23 EFFECTIVE AND THEN I THINK DR. JOHNSTON ALSO RECOMMENDED THAT

24 THERE'S A DENVER MODEL AND I DON'T KNOW HOW THAT OPERATES. BUT

25 IT WOULD BE WORTHWHILE TO KNOW HOW IT OPERATES IN OTHER AREAS



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1 SO THAT WE COULD HAVE PROBABLY A GOOD MODEL THAT WILL WORK FOR
2 US. SO IF YOU DON'T MIND THOSE ADDITIONS TO YOUR MOTION, I'D
3 APPRECIATE IT. MR. ANTONOVICH.

4

5 **SUP. KNABE:** OKAY. THANK YOU.

6

7 **SUP. ANTONOVICH:** YEAH, AGAIN, TO RECITE THE PAST COMMENTS, YOU
8 DON'T NEED A HEALTH AUTHORITY, YOU HAVE A STRUCTURE IN PLACE.
9 THE HEALTH DEPARTMENT, RIGHT NOW, IS ON THE VERGE OF A \$1.2
10 BILLION DEFICIT IN TWO YEARS AND GROWING. THE HEALTH AUTHORITY
11 IS GOING TO COST MILLIONS OF MORE DOLLARS, DOLLARS YOU DON'T
12 HAVE. IT'S LIKE COTTON CANDY, A LOT OF FLUFF WITHOUT
13 SUBSTANCE. THE STRUCTURE THAT WE ARE PAYING, WE ARE PAYING OUR
14 DEPARTMENT HEADS AND THEIR CHIEF OF STAFFS OVER \$3 MILLION,
15 NEARLY \$3 MILLION TO DO THEIR JOB. THE DEPARTMENT OF HEALTH,
16 JUST FOR ADMINISTRATION, IS ABOUT \$262, \$272 MILLION A YEAR TO
17 DO THEIR JOB. THE BOARD OF SUPERVISORS HAS THE ABILITY TO HOLD
18 QUARTERLY MEETINGS, MONTHLY MEETINGS TO ENSURE THAT THE
19 DEPARTMENT IS DOING THEIR JOB BUT TO PAPER OVER A PROBLEM WITH
20 A NEW COMMISSION THAT'S GOING TO COST DOLLARS WE DON'T HAVE IS
21 NOT THE WAY OF GETTING THE JOB RESOLVED. THE WAY YOU GET THE
22 JOB DONE, YOU FOLLOW UP ON THOSE AUDITS, YOU IMPLEMENT THEM
23 AND, IF THEY CAN'T IMPLEMENT THEM, YOU REPLACE THOSE
24 INDIVIDUALS WHO ARE THE ROADBLOCKS. BUT JUST TO CREATE ANOTHER
25 COMMISSION, THE OLD BUREAUCRACY GAME DOESN'T WORK IN THE REAL



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1 LIFE. IT MAKES EVERYBODY FEEL GOOD BUT IT'S NOT GOING TO SOLVE
2 THE PROBLEM. THE PROBLEM HAS BEEN LACK OF MANAGEMENT, LACK OF
3 MANAGEMENT AND POLITICAL INTERFERENCE IN CREATING THIS
4 AUTHORITY, IT JUST ALLOWS ANOTHER AUTHORITY, A POLITICAL
5 AUTHORITY TO GET INVOLVED. THEY HAVE NO CONTROL OVER THE
6 BUDGET. WE APPROVE THE BUDGET, NOT THE HEALTH AUTHORITY. WE
7 APPROVE THE BUDGET. SO LET'S MAKE OUR RESPONSIBILITY BY THOSE
8 PEOPLE IN THE DEPARTMENT OF HEALTH RESPONSIBLE IN CARRYING OUT
9 WHAT THEY ARE REQUIRED TO DO. THAT'S OUR RESPONSIBILITY. BUT
10 TO CREATE ANOTHER BODY TO SIT IN ANOTHER CHAIR TO TELL US-- TO
11 DEVELOP SOME TYPE OF A BUDGET THAT WE HAVE NO CONTROL OVER
12 THEIR RECOMMENDATIONS, THEY HAVE NO CONTROL OVER US. AND THE
13 PROBLEM HAS NOT BEEN A LACK OF MONEY AT MARTIN LUTHER KING,
14 IT'S BEEN A LACK OF QUALITY, COMPETENT MEDICAL PERSONNEL,
15 POLITICAL INTERFERENCE, PEOPLE CLOSING THEIR EYE TO UNSANITARY
16 CONDITIONS, MEDICAL MALPRACTICE ALLOWED THIS TO OCCUR. THE
17 OTHER HOSPITALS ARE OPERATING VERY WELL. LET'S FOLLOW THOSE
18 PATTERNS OF SUCCESS AND NOT GET INVOLVED IN CREATING A NEW
19 AUTHORITY THAT'S GOING TO TAKE MONEY WE DON'T HAVE FOR A
20 SERIOUS PROBLEM THAT WON'T BE RESOLVED BY INTERJECTING ANOTHER
21 POLITICAL BODY IN THIS PROCESS WHO HAS NO AUTHORITY OVER THE
22 BUDGET. IT'S THIS BOARD OF SUPERVISORS. AND IF THE STATE AND
23 COUNTY CAN'T PROVIDE THE RESOURCES FOR THE DEPARTMENT OF
24 HEALTH, THAT'S A PROBLEM THAT THEY HAVE TO FACE. BUT WE HAVE A
25 RESPONSIBILITY TO ENSURE THAT THE DOLLARS THAT WE HAVE ARE



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1 GOING INTO THOSE AREAS WE'RE RESPONSIBLE FOR. AND IT'S NOT BY
2 CREATING MORE FEEL-GOOD BODIES, COMMISSIONS TO OVERSEE. IT'S
3 ALL FLUFF WITH NO SUBSTANCE AND, AS YOU SAY WITH THE OTHER,
4 IT'S A STUMBLING BLOCK AND NOT A BUILDING BLOCK.

5

6 **SUP. KNABE:** MADAM CHAIR, THAT'S CLEARLY NOT THE INTENT OF MY
7 MOTION. MY MOTION JUST ASKED THOSE PARTICULAR QUESTIONS,
8 WHETHER IT TAKES A LEGISLATIVE RESPONSE LIKE YOU INDICATED OR
9 WHAT OTHER ISSUES. I'VE BEEN VERY CLEAR ABOUT IT. AT THE END
10 OF THE DAY, I'M STILL ULTIMATELY RESPONSIBLE. I HAVE A SERIOUS
11 ISSUE WITH AUTHORITY BUT THERE MAY BE OTHER OPTIONS, THERE MAY
12 BE OTHER OPPORTUNITIES. I THINK WE JUST OWE IT TO OURSELVES,
13 THE TIMING IS PERFECT TO LOOK AT EVERYTHING, TO PUT IT OUT
14 THERE AND TO ASK THE QUESTIONS. SO I WOULD MOVE THE ITEM AND
15 ASK FOR A AYE VOTE.

16

17 **SUP. MOLINA, CHAIR:** ALL RIGHT. WELL, MS. BURKE WOULD LIKE TO
18 ADDRESS THE ITEM.

19

20 **SUP. BURKE:** IT DOESN'T MAKE ANY DIFFERENCE WHAT OUR POSITION
21 IS IN TERMS OF THE PROS AND CONS OF A PUBLIC HEALTH AUTHORITY.
22 THE REALITY IS WE'VE RECEIVED THIS RECOMMENDATION FROM
23 NAVIGANT AND WE'RE LOOKING AT IT, I THINK THAT WE HAVE TO LOOK
24 AT IT JUST AS WE LOOK AT ALL OF THE OTHER RECOMMENDATIONS THAT
25 THEY HAVE PRESENTED TO US. NO OTHER LARGE URBAN COUNTY



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1 ATTEMPTS TO CARRY ON LARGE PUBLIC HOSPITALS. I MEAN, THIS IS
2 SOMETHING THAT, 25 YEARS AGO, MOST CITIES OR COUNTIES STARTED
3 GETTING OUT OF THIS RESPONSIBILITY BECAUSE THEY RECOGNIZED IT
4 WAS VERY DIFFICULT TO DO. YOU TALK ABOUT TENET. THEY'RE HAVING
5 TROUBLE CARRYING ON URBAN HOSPITALS AND OPERATING THEM. IT'S A
6 TOUGH BUSINESS. MYSELF, I HAVE QUESTIONS ABOUT IT, I HAVE
7 QUESTIONS ABOUT STRUCTURE BUT I REALIZE WE HAVE TO LOOK AT
8 SOME ALTERNATIVES BECAUSE I THINK WHAT WE'RE TRYING TO DO IS
9 SOMETHING THAT HAS LONG BEEN DETERMINED ALMOST IMPOSSIBLE FOR
10 A BODY WITH AS MANY ISSUES THAT WE HAVE TO FACE, TO BE ABLE TO
11 DO WELL. NOW, IN TERMS OF FINANCE, I RECOGNIZE WE'RE SPENDING
12 A LARGE AMOUNT OF MONEY AS IT IS NOW. ALL OF THE INFORMATION
13 I'VE BEEN ABLE TO GATHER, THERE'S CERTAIN MONIES THAT A PUBLIC
14 AUTHORITY CAN GET THAT WE CAN'T GET AS A COUNTY. THERE'S
15 CERTAIN APPROACHES TO MANY ISSUES THAT ARE DIFFERENT IN TERMS
16 OF FOUNDATION FUNDS AND OTHER THINGS LIKE THAT. THERE ARE ALSO
17 COSTS. I GUESS \$58 MILLION RIGHT OFF HAND THAT WE IDENTIFIED
18 THAT PROBABLY, UNLESS THE PUBLIC AUTHORITY ADOPTED THE SAME
19 MECHANISM THAT WE DO, IT WOULD COST THE COUNTY, PARTICULARLY
20 OTHER DEPARTMENTS IN THE COUNTY. BUT THESE ARE ISSUES I THINK
21 WE HAVE TO LOOK AT. WE HAVE TO LOOK AT THE ALTERNATIVES. WE
22 HAVE TO LOOK AT HOW WE CAN ACHIEVE THE BEST POSSIBLE RESULT.
23 YOU KNOW, FOR US TO PUT BLINDERS ON AND SAY, "I'M NOT GOING TO
24 LOOK AT ANYTHING ELSE BECAUSE WE HAVE A SYSTEM HERE." WE HAVE
25 A SYSTEM HERE THAT HAS SOME PROBLEMS AND TODAY IT'S MARTIN



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1 LUTHER KING HOSPITAL, LAST YEAR IT WAS SOMEBODY ELSE. THE YEAR
2 BEFORE THAT, IT WAS SOMEONE ELSE. WE HAVE SOME LONG-TERM
3 FINANCIAL ISSUES THAT WE HAVE TO FACE. AND WE NEED TO HAVE, I
4 THINK, PEOPLE WHO ARE COMPETENT IN THOSE AREAS IN TERMS OF
5 HOSPITAL OPERATIONS, PEOPLE WHO ARE ALSO COMPETENT IN TERMS OF
6 FINANCING HOSPITALS TO LOOK AT SOME OF THESE ISSUES. I'M THE
7 FIRST ONE TO SAY WE HAVE NEVER HAD THE LEVEL OF INFORMATION
8 THAT WE SHOULD HAVE HAD IN ORDER TO MAKE ANY KIND OF DECISIONS
9 HERE. WE NEEDED THE KIND OF THINGS THAT YOU SAY WE'RE GOING TO
10 GET IN REPORTS ON A REGULAR BASIS IN ORDER FOR US TO BE ABLE
11 TO DO THAT AND I THINK THE DEPARTMENT HAS NOT HAD IT. I DON'T
12 THINK THE DEPARTMENT HAS HAD THE LEVEL OF INFORMATION THAT
13 THEY NEEDED IN ORDER TO MAKE DECISIONS. I THINK NAVIGANT IS
14 MOVING IN THE RIGHT DIRECTION. THEY'RE SETTING UP A PROCESS
15 THAT ALL THE HOSPITALS CAN BENEFIT FROM IN TERMS OF HAVING THE
16 KIND OF CHECKS AND BALANCES, THE KIND OF INFORMATION FLOW, THE
17 KIND OF THINGS THAT EVALUATE THE OPERATIONS BUT, ULTIMATELY,
18 WE CANNOT PUT OUR HEAD IN THE SAND AND SAY THAT WE WILL NOT
19 LOOK AT EVERY ALTERNATIVE IN TERMS OF GOVERNANCE. SO I'M
20 SUPPORTING YOUR MOTION, SUPERVISOR KNABE, BECAUSE I BELIEVE WE
21 HAVE NO ALTERNATIVE BUT TO PUT FORTH A MEANINGFUL ATTEMPT TO
22 LOOK AT ALTERNATIVES.

23

24 **SUP. MOLINA, CHAIR:** ALL RIGHT. THANK YOU VERY MUCH. ALL RIGHT.
25 COULD WE HAVE A ROLL CALL ON THAT ITEM? AS AMENDED.



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1

2 **SUP. YAROSLAVSKY:** AS AMENDED, MEANING BY WHAT?

3

4 **SUP. MOLINA, CHAIR:** I JUST ASK THAT WE GET A REPORT ANALYSIS
5 ON THE DENVER ISSUE AS WELL AS ON THE ALAMEDA AND THE
6 LEGISLATIVE ISSUE.

7

8 **SUP. KNABE:** WE'RE LOOKING AT ALL OF THEM. NEW YORK.

9

10 **SUP. MOLINA, CHAIR:** THANK YOU.

11

12 **CLERK VARONA-LUKENS:** SUPERVISOR BURKE?

13

14 **SUP. BURKE:** AYE.

15

16 **CLERK VARONA-LUKENS:** SUPERVISOR YAROSLAVSKY?

17

18 **SUP. YAROSLAVSKY:** AYE.

19

20 **CLERK VARONA-LUKENS:** SUPERVISOR KNABE?

21

22 **SUP. KNABE:** AYE.

23

24 **CLERK VARONA-LUKENS:** SUPERVISOR ANTONOVICH?

25



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1 **SUP. ANTONOVICH:** NO.

2

3 **CLERK VARONA-LUKENS:** AND SUPERVISOR MOLINA?

4

5 **SUP. MOLINA, CHAIR:** AYE.

6

7 **CLERK VARONA-LUKENS:** MOTION CARRIES, 4-TO-1.

8

9 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT ITEM CARRIES. ALL RIGHT.

10 WE HAVE ITEM NUMBER 7 ALSO AVAILABLE TO US, SUPERVISOR

11 ANTONOVICH'S MOTION.

12

13 **SUP. ANTONOVICH:** I'D JUST MOVE IT.

14

15 **SUP. YAROSLAVSKY:** WHICH ONE IS THAT?

16

17 **SUP. ANTONOVICH:** I SAY WE HOLD QUARTERLY MEETINGS.

18

19 **SUP. MOLINA, CHAIR:** THE SECOND ON THAT WAS MS. BURKE.

20

21 **SUP. BURKE:** ON WHAT?

22

23 **SUP. MOLINA, CHAIR:** ON THE ONE THAT WE JUST PASSED.

24

25 **SUP. BURKE:** OH, YEAH. OH, I THOUGHT YOU MEANT THIS ONE.



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1

2 **SUP. MOLINA, CHAIR:** NO. SHE WAS ASKING ME FOR A CLARIFICATION,
3 WHO SECONDED MR. KNABE'S MOTION. IT WAS MS. BURKE.

4

5 **SUP. BURKE:** I MISUNDERSTOOD YOU.

6

7 **SUP. MOLINA, CHAIR:** ON THIS MOTION.

8

9 **SUP. ANTONOVICH:** I'LL MOVE.

10

11 **SUP. MOLINA, CHAIR:** THAT ITEM IS MOVED. IS THERE A SECOND?
12 HEARING NO SECOND, IT DIES FOR LACK OF A SECOND. ALL RIGHT.
13 THOSE CONCLUDES OUR ITEMS. THANK YOU SO VERY MUCH, DR.
14 GARTHWAITE. MR. KNABE, YOU HAVE YOUR SPECIALS, YOU CONTINUE
15 YOUR SPECIALS.

16

17 **SUP. KNABE:** RIGHT. MADAM CHAIR, MEMBERS OF THE BOARD, I HELD
18 ITEMS 3 AND 52, THE RECOMMENDATIONS OF THE INTERAGENCY COUNCIL
19 ON CHILD ABUSE AND ON THE SAFE SURRENDER OF ABANDONED INFANTS
20 HERE IN LOS ANGELES COUNTY. ONE, I JUST WANT TO PERSONALLY
21 THANK DEANNE TILTON AND PAT SLEEPER FOR THEIR DEDICATION AND
22 TIRELESS WORK ON THIS ISSUE FOR THE LAST THREE YEARS.
23 OBVIOUSLY APPRECIATE ALL THAT THEY AND THEIR TEAM AT I.C.A.N.
24 CAN DO FOR THE COUNTY AS IT RELATES TO THE SAFE SURRENDERS.
25 IT'S A VERY IMPORTANT ISSUE. HAPPY BUT SAD AT OTHER TIMES BUT



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1 ONE OBVIOUSLY WORTH FIGHTING FOR. I LOOK FORWARD TO THE TASK
2 FORCE REPORT TO THE BOARD IN MARCH AND WHAT MORE THEY CAN DO
3 AND I'M GOING TO ASK THEM TO BRIEFLY MAKE SOME COMMENTS IN
4 REGARDS TO THE ISSUE AND THEN, AFTER THEY'RE FINISHED, THEN
5 WOULD MOVE ITEMS 3 AND 52 FOR APPROVAL. DEANNE?

6

7 **DEANNE TILTON:** YES, GOOD AFTERNOON, SUPERVISORS. IT'S AN HONOR
8 TO BE HERE TO REPORT ON THE STATUS OF SAFELY SURRENDERED
9 NEWBORNS IN THIS COUNTY. OUR REPORT ALSO ADDRESSES THE TRAGIC
10 REALITY OF ABANDONED NEWBORNS WHO ARE NOT SAFELY SURRENDERED
11 AND WHO DO NOT SURVIVE. I AM VERY COMPELLED TO JUST MAKE A
12 QUICK STATEMENT ABOUT SUCCESS AND A MEASURE OF SUCCESS. WE'RE
13 ALL FAMILIAR WITH THE ADAGE THAT "NO GOOD DEED GOES
14 UNPUNISHED" AND WE'VE ALL DEALT WITH THAT AND WE'VE ALL
15 SUFFERED WITH THAT. THIS IS A SITUATION WHERE THE GOOD DEEDS
16 OF THIS BOARD, UNDER THE LEADERSHIP OF SUPERVISOR KNABE, HAS
17 RESULTED IN SAVING LIVES OF NEWBORN BABIES WHO I BELIEVE
18 OTHERWISE MAY NOT HAVE SURVIVED. I ALSO THINK THAT IT'S A
19 WONDERFUL STORY THAT THE WOMAN, DEBBIE FERRIS, WHO WAS THE
20 SPIRIT AND THE ENERGY BEHIND THE SAFE SURRENDER LAW, HAS-- AND
21 WHO ESTABLISHED THE GARDEN OF ANGELS FOR ABANDONED, DECEASED
22 NEWBORNS, HAS BEEN MARRIED. SHE IS NOW DEBBIE FERRIS- KAFELLI
23 AND, TWO MONTHS AGO, SHE WAS THE RECIPIENT OF \$27 MILLION...

24

25 **SUP. KNABE:** SHE WON THE LOTTO.



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1

DEANNE TILTON: ...OF THE CALIFORNIA LOTTERY. SO ALL GOOD DEEDS
DON'T ALWAYS GO PUNISHED AND, IN HER CASE, SHE IS GOING TO
UTILIZE FUNDS FOR SCHOLARSHIPS IN HONOR OF THESE BABIES. WE
ARE HERE AS AN OUTCOME OF THE FIRST REPORT OF THE SAFE HAVEN
TASK FORCE CREATED BY YOUR BOARD ON THE MOTION OF SUPERVISOR
KNABE, AND WE ARE ALSO HERE TO HELP LAY A FOUNDATION FOR THE
FOLLOW-UP EFFORTS OF THE COUNTYWIDE SAFE HAVEN TASK FORCE AS
WE JOINTLY WORK WITH THE CHILDREN'S PLANNING COUNCIL TO REPORT
BACK TO THE BOARD ON MARCH 8TH. OUR RECOMMENDATIONS ARE
INCLUDED IN YOUR AGENDA, SO I WON'T GO OVER THEM ONE BY ONE
UNLESS YOU HAVE QUESTIONS. BUT I DO WANT TO, ONCE AGAIN, THANK
YOU FOR YOUR CONTINUING CONCERN FOR OUR COUNTY'S YOUNGEST AND
MOST VULNERABLE VICTIMS. TISH SLEEPER PROGRAM ADMINISTRATOR
WHO COMPILED THE DATA IN THIS VERY COMPREHENSIVE REPORT, WHICH
IS MORE COMPLETE THAN ANY OTHER SUCH REPORT IN THE STATE. SO,
IN THE INTERESTS OF TIME, SHE IS GOING TO CONDENSE HER
FINDINGS AS MUCH AS POSSIBLE SO THAT YOU WILL HAVE AN
UNDERSTANDING OF WHAT WE ARE REALLY DEALING WITH, WHAT WE'RE
UP AGAINST, AND WHAT OUR CHALLENGE IS FOR THE FUTURE SURVIVAL
OF NEWBORNS IN L.A. COUNTY.

22

SUP. MOLINA, CHAIR: THANK YOU.

24

DEANNE TILTON: TISH SLEEPER.

25



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1

2 **TISH SLEEPER:** GOOD AFTERNOON. THE GOOD NEWS IS THAT, SINCE THE

3 SAFE HAVEN LAW WENT INTO EFFECT IN 2001 AND LOS ANGELES COUNTY

4 IMPLEMENTED THE BOARD'S 12 RECOMMENDATIONS, 28 INFANTS HAVE

5 BEEN SAFELY SURRENDERED, 27 OF THOSE HAVE BEEN PLACED FOR

6 ADOPTION WITH FAMILIES APPROVED BY THE DEPARTMENT OF CHILDREN

7 AND FAMILY SERVICES AND ONE INFANT WAS SUCCESSFULLY RECLAIMED

8 BY HER MOTHER. UNFORTUNATELY, DURING THAT SAME PERIOD OF TIME,

9 2002 TO PRESENT, 30 INFANTS WERE ABANDONED, SEVEN SURVIVED AND

10 23 DID NOT, INCLUDING A NEWBORN FEMALE WHO WAS FOUND THIS PAST

11 SUNDAY IN A CHURCH PARKING LOT. THE REPORT THAT WE SUBMIT

12 TODAY ADDRESSES 2002 TO 2003 AND, DURING THAT TWO-YEAR PERIOD,

13 18 SAFELY SURRENDERED BABIES WERE FOUND AND 21 ABANDONED

14 NEWBORNS WERE FOUND. THE DATA THAT WE COLLECTED FOR THESE TWO

15 YEARS IS VERY CONSISTENT AND OUR SUMMARY CONCLUSION IS THAT

16 MOTHERS WHO ABANDON THEIR NEWBORNS DO NOT DIFFER IN ANY WAY

17 FROM THOSE WHO SURRENDER THEIR NEWBORNS, AND NEITHER FIT A

18 STEREOTYPICAL PICTURE THAT SOME PEOPLE BELIEVE WOMEN WHO

19 ABANDON THEIR INFANTS ARE YOUNG, UNMARRIED TEENAGERS WITH NO

20 OTHER CHILDREN. AND, IN FACT, THE SAFE SURRENDERING MOTHERS

21 RANGED IN AGE FROM 17 TO 42. ABANDONING MOTHERS RANGE IN AGE

22 FROM 16 TO 34. THEY'RE SINGLE, THEY'RE MARRIED, THEY'RE

23 DIVORCED, THEY HAVE NO OTHER CHILDREN. THEY HAVE UP TO FIVE

24 OTHER CHILDREN. THEY CROSS ETHNIC LINES. THE MAJORITY OR A

25 LARGE NUMBER OF INFANTS THAT WERE FOUND ARE HISPANIC BUT THIS



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1 IS VERY CONSISTENT WITH THE HIGHER BIRTH RATE IN LOS ANGELES
2 COUNTY FOR HISPANIC WOMEN. THEY CROSS SOCIOECONOMIC STATUS. WE
3 DID FIND, IN 2002, THAT MANY OF THE INFANTS THAT WERE
4 ABANDONED/SURRENDERED WERE FOUND IN MORE IMPOVERISHED AREAS OF
5 THE COUNTY. WE DID NOT FIND THE SAME FINDING IN 2003. AS FAR
6 AS THE LOCATIONS, SURRENDERS AND ABANDONMENTS HAVE HAPPENED
7 ACROSS THE COUNTY IN ALL SPA AREAS. SURRENDERS HAVE OCCURRED
8 AT-- 13 AT HOSPITALS AND FIVE AT FIRE DEPARTMENTS. IN 2004,
9 WE'VE BEGUN LOOKING AT THIS DATA. THERE WERE 10 SAFE
10 SURRENDERS AND, INTERESTINGLY, FIVE OF THESE WERE AT HOSPITALS
11 AND FIVE WERE AT FIRE DEPARTMENTS, INCLUDING THE LAST FOUR IN
12 THE CALENDAR YEAR 2004. UNFORTUNATELY, DURING 2004, EIGHT
13 INFANTS WERE ABANDONED BUT, AGAIN, OUR PRELIMINARY DATA IS
14 CONSISTENT WITH THAT FROM 2002 AND 2003 THAT THE MOTHERS
15 CROSSED SOCIOECONOMIC LINES, AGE, MARITAL STATUS. SO, AGAIN,
16 WE'RE LOOKING AT A VERY BROAD POPULATION. IN LOOKING AT THIS
17 DATA, WE'VE DECIDED OR A RECOMMENDATION IS THAT THE PUBLIC
18 INFORMATION CAMPAIGN MUST BE VERY BROAD. WE CAN TARGET CERTAIN
19 COMMUNITIES WHERE WE FIND THESE INFANTS BUT WE REALLY NEED TO
20 REACH OUT TO ALL WOMEN OF CHILDBEARING AGES. THE OTHER THING
21 WE TRY TO GET ACROSS AND WE WOULD LIKE TO COMMUNICATE TO THE
22 PUBLIC IN SOME WAY IS THAT IT'S VERY IMPORTANT FOR PEOPLE TO
23 GIVE SUPPORT TO WOMEN WHO ARE PREGNANT. OFTENTIMES, IN CASES
24 WE REVIEWED OF ABANDONED AND DECEASED INFANTS, WE'LL FIND OUT
25 THAT MANY, MANY PEOPLE WERE SUSPICIOUS THAT THIS WOMAN WAS



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1 PREGNANT BUT NO ONE WANTED TO ASK HER THE SOCIALLY AWKWARD
2 QUESTION IF SHE WAS. NO ONE PUSHED IT AND, IF SOMEONE DID AND
3 SHE DENIED IT, THEY DIDN'T TAKE IT ANY FURTHER. SO WE WOULD
4 LIKE TO EDUCATE THE PUBLIC ON HOW IMPORTANT IT IS TO PROVIDE
5 SUPPORT TO THOSE FOLKS AND NOT JUST TO ASSUME THEY'RE NOT
6 PREGNANT WHEN THEY SAY THEY'RE NOT AND IT SEEMS THAT THEY
7 OBVIOUSLY ARE. IN PART OF THIS EFFORTS, I.C.A.N. CONTINUES TO
8 RUN THE SPEAKERS BUREAU. WE'VE TALKED TO OVER 700 INDIVIDUALS
9 AT PRIVATE AGENCIES, PUBLIC AGENCIES. SOME OF THESE
10 INDIVIDUALS, MANY OF THEM WERE TRAINERS THAT WERE, HOPEFULLY,
11 GOING TO GO OUT AND TRAIN THEIR STAFF. WE TALKED TO PLANNED
12 PARENTHOOD AND THEIR STAFF WILL GO OUT AND TALK TO TEENAGERS
13 IN HIGH SCHOOLS. SO WE'RE REALLY MAKING AN EFFORT TO GET THIS
14 INFORMATION OUT. THANK YOU.

15

16 **SUP. KNABE:** THANK YOU BOTH. WE APPRECIATE ALL YOUR EFFORTS AND
17 LOOK FORWARD TO THE TASK FORCE REPORT BACK IN MARCH.

18

19 **DEANNE TILTON:** YES, WE APPRECIATE YOUR SUPPORT VERY MUCH,
20 SUPERVISOR KNABE, AND WE LOOK FORWARD TO BEING BACK HERE ON
21 MARCH 8TH AND LOOKING AT PERHAPS EXPANDING THE SCOPE OF WHAT
22 WE DO IN REDUCING THE NUMBER OF DEATHS.

23

24 **SUP. KNABE:** THANK YOU.

25



**The Meeting Transcript of
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1 **SUP. ANTONOVICH:** LET ME ASK YOU A QUESTION. ARE YOU LOOKING AT
2 EXPANDING OTHER FACILITIES WHERE INFANTS COULD BE ABANDONED?
3 WHO ARE ABANDONED, LEFT?

4

5 **DEANNE TILTON:** THAT ISSUE HAS BEEN BROUGHT UP IN THAT ABOUT
6 HALF OF THE INFANTS WHO WERE NEWBORNS WHO WERE ABANDONED LAST
7 YEAR WERE ABANDONED IN FIRE STATIONS RATHER THAN HOSPITALS. SO
8 IT MAY BE THAT THERE ARE OTHER SITES WHERE AN EXPECTANT MOTHER
9 MIGHT FEEL MORE COMFORTABLE SURRENDERING HER CHILD.
10 PERSONALLY, I WOULD TRULY HOPE, AT SOME POINT, TO EXPAND THE
11 AGE OF THE NEWBORN BECAUSE 72 HOURS IS A VERY NARROW PERIOD OF
12 TIME TO MAKE THAT IMMENSE DECISION. THAT WOULD REQUIRE A
13 CHANGE IN THE LAW BUT IT DOESN'T MEAN THAT, IN THIS COUNTY, WE
14 CAN'T SET UP A SYSTEM TO ADDRESS THE QUANDARY OF WOMEN WHO
15 DON'T KNOW WHAT TO DO WITH THEIR BABY. IT'S A VERY YOUNG CHILD
16 AND, AS THIS VERY TRAGIC CASE OF THE THREE-MONTH-OLD LAST
17 MONTH, KILLED THAT CHILD, EVEN THOUGH THEY ADMITTED THEY
18 DIDN'T WANT THE CHILD, DID NOT SURRENDER THE CHILD. SO WE ALSO
19 WOULD HOPE TO LOOK AT A BROADER TARGET AUDIENCE BECAUSE THE
20 ONE COMMON DENOMINATOR, THE ONE COMMON DENOMINATOR IS THE
21 DENIAL OF THE PREGNANCY, NOT JUST BY THE PREGNANT WOMAN BUT BY
22 EVERYONE AROUND THAT WOMAN. AND MANY OF THOSE PEOPLE WERE
23 VERY, VERY CLEAR THAT THIS WOMAN PROBABLY WAS PREGNANT BUT
24 WERE NOT FORTHRIGHT IN ADDRESSING THAT OR HELPING HER.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. ANTONOVICH:** AND WHAT IS YOUR PURPOSE FOR RECONVENING A
2 TASK FORCE?

3

4 **DEANNE TILTON:** THE TASK FORCE IS BEING RECONVENED AS A JOINT
5 EFFORT WITH THE CHILDREN'S PLANNING COUNCIL. WE HAD DEVELOPED
6 OUR REPORT AT ABOUT THE SAME TIME THE TASK FORCE WAS BEING
7 RECONVENED AND SO OUR REPORT, UNBEKNOWNST TO THE EFFORT TO
8 RECONVENE THE TASK FORCE, IS NOW PROVIDING THE FOUNDATION FOR
9 THE TASK FORCE REPORT ON MARCH 8TH. SO IT SHOULD EXPEDITE THAT
10 AND PROVIDE THE KIND OF DATA AND THE KIND OF FOUNDATION THAT
11 THEY WOULD HAVE HAD TO DEVELOP ON THEIR OWN. SO IT WAS SORT OF
12 A NEXUS AND, HOPEFULLY, BY MARCH 8TH, WE WILL BE ABLE TO
13 PRESENT TO YOU SOME FINAL DECISIONS ABOUT WHERE WE CAN GO WITH
14 THIS AND, AGAIN, THIS IS A VERY COLLABORATIVE EFFORT BETWEEN
15 THE PLANNING COUNCIL AND ICAN SO I THINK THAT, TOGETHER, WE
16 MIGHT COME UP WITH SOMETHING.

17

18 **SUP. ANTONOVICH:** HOW DO YOU PLAN TO EXPAND THE PUBLIC
19 INFORMATION?

20

21 **DEANNE TILTON:** THERE ARE VARIOUS WAYS OF DOING THAT. ONE IS
22 EXISTING RESOURCES WITH THE SPEAKERS BUREAU, WITH OUR
23 CONNECTIONS WITH THE MEDIA. SOME OF US, FOR EXAMPLE, THERE WAS
24 A SEGMENT OF OUR CHILD DEATH, THE I.C.A.N. CHILD DEATH REVIEW
25 TEAM ON ONE CHILD WHO WAS A NEWBORN WHO WAS KILLED BY A PARENT



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1 THAT WAS VERY EYE-OPENING IN TERMS OF WHAT CAN HAPPEN IF THERE
2 IS NO INTERVENTION. AND THEN THE SAME NETWORK ALSO DID A
3 BIRTH-TO-SURRENDER PIECE THAT WAS VERY ENLIGHTENING IN TERMS
4 OF WHAT THE POSITIVE OUTCOMES CAN BE. WE MAY RETURN TO FIRST
5 FIVE L.A. TO SEE IF WE CAN RENEW THE RELATIONSHIP THERE
6 BECAUSE THERE WAS FUNDING FOR THE INITIAL CAMPAIGN BUT THAT
7 HAS NOT BEEN BROUGHT TO THE ATTENTION OF FIRST FIVE AS YET.

8

9 **SUP. ANTONOVICH:** THANK YOU.

10

11 **SUP. MOLINA, CHAIR:** ALL RIGHT.

12

13 **SUP. KNABE:** I'D MOVE THE ITEMS, 3 AND 52, MADAM CHAIR.

14

15 **SUP. MOLINA, CHAIR:** THAT'S NICE. WE HAVE A LOT OF PEOPLE-- WE
16 HAVE PUBLIC COMMENT. MISS AUTRY? YOU WILL ALSO BE SPEAKING TO
17 ITEM 3, 7, 8, 10, 20, 30 AND 33.

18

19 **YVONNE MICHELLE AUTRY:** AND MS. MOLINA, AT THIS TIME, YOU SAID
20 I WAS RESPONDING TO WHICH?

21

22 **SUP. MOLINA, CHAIR:** 3, 7, 8, 10, 20, 30 AND 33.

23

24 **YVONNE MICHELLE AUTRY:** OKAY.

25



**The Meeting Transcript of
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1 **SUP. KNABE:** AND 52.

2

3 **YVONNE MICHELLE AUTRY:** 52? I DIDN'T REQUEST TO RESPOND TO 52.

4

5 **SUP. MOLINA, CHAIR:** IT'S RELATED TO ITEM NUMBER 3.

6

7 **YVONNE MICHELLE AUTRY:** OKAY. WILL, AT THIS TIME, I'LL DO MY
8 BEST TO ADDRESS THEM AND MAY I REQUEST FOR AN EXTENDED AMOUNT
9 OF TIME?

10

11 **SUP. MOLINA, CHAIR:** YOU HAVE THREE MINUTES, MISS AUTRY.

12

13 **YVONNE MICHELLE AUTRY:** OKAY. AGAIN, FOR THE RECORD, MY NAME IS
14 YVONNE MICHELLE AUTRY. BEGINNING WITH ITEM NUMBER 3, I THINK
15 IT'S WONDERFUL THAT THAT WOMAN OR THAT A GROUP OF WOMEN AND/OR
16 MEN HAD CREATED THAT TASK FORCE TO RESPOND TO THE NUMBER OF
17 CHILDREN THAT HAD BEEN ABANDONED. I THINK IT'S EVEN MORE
18 IMPORTANT AT THIS TIME THAT, INSTEAD OF ENCOURAGING CASUAL SEX
19 AND FORNICATION, THAT CHILDREN, ADULT, YOUNG ADULTS AND
20 ADOLESCENTS ARE ENCOURAGED TO ABSTAIN. I MEAN, I WAS 34 WHEN I
21 HAD MY CHILD. EVEN THOUGH MERRITT AND I WERE NOT MARRIED, I
22 WAS AN ADULT. I WAS CONSENTING BUT THERE ARE SO MANY CHILDREN
23 HAVING CHILDREN TODAY I THINK, INSTEAD OF CONDOMS BEING GIVEN
24 OUT, INSTEAD OF THIS LIBERAL ATTITUDE REGARDING HOMOSEXUALITY,
25 BISEXUALITY AND EVEN HETEROSEXUAL SEX, I'M AGAINST



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1 HOMOSEXUALITY, BY THE WAY, BECAUSE IT'S NOT BIBLICAL. I THINK
2 THAT CHILDREN, AGAIN, SHOULD BE ENCOURAGED AND COUNSELED IN
3 MARRIAGE COUNSELING AND HOW TO CREATE AN ENVIRONMENT WHERE
4 CHILDREN ARE LOVED AND WELCOMED, OKAY? AND THAT WAY,
5 HOPEFULLY, YOUNG MOTHERS WILL NOT BE SCARED, THEY WILL NOT BE
6 ABANDONING THESE YOUNG BABIES AND SO THANK GOD FOR THIS TASK
7 FORCE, BUT THEN THERE WILL BE MORE CHILDREN THAT ARE IN
8 ENVIRONMENTS WHERE THEY ARE LOVED. I THINK ALSO THAT, AGAIN,
9 WITH THESE CHILDREN WHO ARE NOT COUNSELED IN MARRIAGE, THESE
10 CHILDREN ARE BROUGHT IN, THEY'RE PUT IN THE FOSTER CARE SYSTEM
11 AND THERE IS NO FAMILY REUNIFICATION. AND LIKE I HAD STATED
12 LAST WEEK AND ON MANY PREVIOUS OCCASIONS, NO ONE LIKES TO
13 SPEAK ABOUT WHAT'S HAPPENING WITH THESE CHILDREN. AGAIN, MANY
14 OF THEM ARE ABUSED SEXUALLY, SOMEONE HAD TESTIFIED A YEAR AGO
15 THAT THEY WERE HYPNOTIZED. I KNOW THAT MANY ARE IMPLANTED.
16 THIS IS, AGAIN, HAVING TO DO WITH THE NEW WORLD ORDER'S MASS
17 MANIPULATION. THIS IS NOT JUST CONSPIRACY. THIS IS THE WAY
18 THAT THIS SOCIETY THINKS THAT THEY CAN CONTROL PEOPLE:
19 MEDICATION, STIGMAS, BIPOLAR LABELS, YOU KNOW, DYSFUNCTIONAL
20 LABELS, YOU KNOW, MEDICATION RELIANT LABELS AND IT KEEPS THESE
21 PEOPLE HORRIBLY STIGMATIZED AND DEPRESSED AND MOST OF THESE
22 FOSTER CARE CHILDREN, AGAIN, THE MAJORITY-- TROY ANDERSON
23 REPORTED LAST YEAR, STAY HOMELESS, UNEMPLOYED BUT THERE'S
24 ANOTHER CADRE THAT THEY ARE RAISING FOR THE MILITARY. I DON'T
25 KNOW IF ANYONE HAS SEEN, YOU KNOW, "BOURNE SUPREMACY" OR THE



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1 "BOURNE IDENTITY," THESE YOUNG MEN ARE PROGRAMMED. IT'S A TOP
2 SECRET CADRE, IF YOU WILL, OF YOUNG MEN WHO ARE PROGRAMMED,
3 MURDERERS, ASSASSINS, YOU KNOW, THEY'RE CONTROLLED BY THE
4 ACADEMY OF THE AMERICAS AND THE WAR COLLEGES. AND A LOT OF
5 THESE MEN, YOU KNOW, LIKE I SAID, I DON'T GET TO SEE MY SON,
6 OKAY? THEY'RE BRED FOR THIS PURPOSE, AND SOME OF THEM MIGHT
7 HAVE BEEN THROWAWAY CHILDREN THAT THE GOVERNMENT THINKS THAT
8 THEY CAN USE FOR THAT PURPOSE, FOR THAT USE. IT'S WRONG AND
9 OUR CHILDREN NEED TO BE TAUGHT TO STOP HAVING CHILDREN WHEN
10 THEY'RE YOUNG AND TO GET MARRIED SO THAT OUR BABIES WILL NOT
11 BE VULNERABLE FOR USAGE, FOR PROGRAMMING, FOR MANIPULATION,
12 YOU KNOW, FOR WHATEVER MEANS THAT THIS COUNTY AND THE OTHER
13 COUNTRY IS USING. THAT WAS PRIMARILY FOR 3 AND 52. FOR NUMBER
14 10, VERY QUICKLY, PLEASE PROVIDE JOBS. THERE WAS NO HOMELESS
15 OUTREACH PROGRAM FOR WOMEN. THERE NEEDS TO BE AN OUTREACH
16 PROGRAM FOR WOMEN AND CHILDREN. THERE WAS NO HOUSING FOR
17 SINGLE WOMEN WITH CHILDREN, BECAUSE I HAD A FRIEND WITH FIVE
18 BOYS AND SHE WAS SEEKING HOUSING. THERE WAS NO L.A.H.S.A. OR
19 THERE WAS NO PROGRAM FOR HER AND SHE HAD TO GO THROUGH A
20 CHURCH. SO I DIDN'T GET TO COMMENT TO THE...

21

22 **SUP. MOLINA, CHAIR:** THANK YOU, MISS AUTRY.

23

24 **YVONNE MICHELLE AUTRY:** THANK YOU. I HOPE THAT YOU WILL TAKE
25 INTO CONSIDERATION WHAT I BROUGHT BEFORE YOU.



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1

2 **SUP. MOLINA, CHAIR:** THANK YOU, MISS AUTRY. MOVED BY SUPERVISOR
3 KNABE, SECONDED BY SUPERVISOR ANTONOVICH. IF THERE'S NO
4 OBJECTION, THAT IS ON ITEM NUMBER 3 AND THE RELATED ITEM OF
5 NUMBER 52. ALSO, IF WE COULD MOVE FORWARD, ITEM NUMBER 10,
6 MOVED BY SUPERVISOR BURKE, SECONDED BY SUPERVISOR KNABE. IF
7 THERE'S NO OBJECTION, SO ORDERED. ALSO, ITEM 20, MOVED BY
8 SUPERVISOR YAROSLAVSKY, SECONDED BY SUPERVISOR BURKE. IF
9 THERE'S NO OBJECTION, SO ORDERED.

10

11 **SUP. KNABE:** I THINK 17 AS WELL, TOO, MADAM CHAIR.

12

13 **SUP. MOLINA, CHAIR:** ITEM 30, IF THERE'S NO OBJECTION, MOVED BY
14 SUPERVISOR KNABE, SECONDED BY SUPERVISOR BURKE. IF THERE'S NO
15 OBJECTION, SO ORDERED. NUMBER 17...

16

17 **SUP. KNABE:** MOVE IT.

18

19 **SUP. MOLINA, CHAIR:** MISS CLAVREUL WAS TO HAVE ADDRESSED THAT
20 ITEM. HAS SHE LEFT ALREADY? ALL RIGHT. MOVED BY SUPERVISOR
21 KNABE, SECONDED BY SUPERVISOR YAROSLAVSKY. IF THERE'S NO
22 OBJECTION, SO ORDERED. IS THAT THE END OF YOUR SPECIALS?

23

24 **SUP. KNABE:** YES.

25



**The Meeting Transcript of
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1 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. ANTONOVICH?

2

3 **SUP. ANTONOVICH:** OKAY. FIRST, I WOULD LIKE TO ASK FOR A VOTE
4 ON ITEM 59, WHICH IS TO-- EXCUSE ME. THE ITEM RELATIVE TO THE
5 EMERGENCY PROCLAMATION FOR A STATE OF EMERGENCY FOR THE COUNTY
6 OF LOS ANGELES HAS BEEN DEVASTATED BY THE RECENT STORMS AND
7 THEN HAVE MR. WOLFE COME UP. I'D LIKE TO ASK SOME QUESTIONS.

8

9 **SUP. MOLINA, CHAIR:** YES. COULD WE HAVE MR. WOLFE PLEASE JOIN
10 US? I THINK HE HAS A REPORT ON THE ITEMS THAT HAVE BEEN
11 ADDRESSED NOT ONLY BY PUBLIC WORKS BUT I UNDERSTAND THE
12 DEPARTMENT OF PARKS HAS BEEN INSTRUMENTAL IN A LOT OF THE
13 CLEAN-UP AND REPAIR THAT'S BEEN GOING ON IN THE LAST COUPLE OF
14 DAYS. IF HE WOULD JOIN US, PLEASE.

15

16 **SUP. ANTONOVICH:** FIRST, LAST WEEK, WE HAD THE SNOW CLOSING
17 THE-- I GUESS THE SCHOOLS AND THE ROADS IN THE FIFTH
18 SUPERVISORIAL DISTRICT NEAR CASTAIC AND THE SNOWPLOWS. DID WE
19 HAVE ANY PROBLEMS WITH OUR SNOWPLOWS?

20

21 **DONALD WOLFE:** NO, SUPERVISOR, WE DID NOT. WE STILL HAVE A
22 COUPLE OF ROADS THAT ARE STILL BLOCKED BY SNOW AS OF THIS
23 MORNING, IN FACT, THREE, BUT WE'VE BEEN ABLE TO MAKE ALL THE
24 COMMUNITIES ACCESSIBLE AND THESE ARE ROADS THAT WILL BE
25 SECONDARY TO THAT AND WE'RE GETTING TO THEM RIGHT NOW.



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1

2 **SUP. ANTONOVICH:** AND IN THE ANTELOPE VALLEY WHERE WE HAD THE
3 TRAGIC LOSS OF LIFE, HOW DID THAT OCCUR? WHERE THE INFANT WAS--
4 - SLIPPED OUT OF THE MOTHER'S ARMS FROM THE FIRE RESCUE?

5

6 **DONALD WOLFE:** YES, SUPERVISOR, THAT WAS-- AS I RECALL, WE ALL
7 WATCHED THAT IN THE NEWS AND IT WAS VERY TRAGIC. IT WAS A CASE
8 WHERE THE LADY JUST MADE THE DETERMINATION TO BYPASS THE
9 BARRICADES THAT WE HAD PLACED ON THE ROAD AND TAKE HER VEHICLE
10 INTO THE AREA WHICH WAS INUNDATED, THE ROAD WAS INUNDATED,
11 DEPTH OF SEVERAL FEET WITH MOVING WATER. SHE BECAME TRAPPED
12 ALONG WITH HER FAMILY. I BELIEVE TWO OF HER CHILDREN WERE
13 RESCUED AND SHE WAS RESCUED BUT THE BABY WAS DROPPED IN THE
14 WATER AND WAS NOT RECOVERED ALIVE. JUST-- WE SEE A LOT OF
15 CASES, SUPERVISOR, WHERE PEOPLE DISREGARD, GO AROUND OR MOVE
16 OUR BARRICADES. IN FACT, THIS MORNING IN THE NEWS, THERE WAS A
17 TRUCK DOWN ON TUXFORD, WHICH IS IN THE CITY OF L.A., WHERE THE
18 TRUCK ACTUALLY MOVED THE CONCRETE-- PUSHED THE CONCRETE
19 BARRICADE OUT OF THE WAY AND, OF COURSE, THAT OPENED IT FOR
20 SMALLER VEHICLES TO GET INTO THE AREA WHERE THEY WOULD BE IN A
21 HAZARD.

22

23 **SUP. ANTONOVICH:** AT BONELLI, I UNDERSTAND, DID THE WATER
24 OVERFLOW FROM THE DAM? IT WAS ABOUT FIVE FEET FROM...

25



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1 **DONALD WOLFE:** YES, SUPERVISOR. WE ACTUALLY HAVE, I BELIEVE, 10
2 OF OUR 14 DAMS RIGHT NOW THAT ARE OPERATING AT UNCONTROLLED
3 FLOWS, WHICH MEANS THEY'RE GOING THROUGH THE SPILLWAY. THE
4 SYSTEM IS SET UP TO ACCEPT THOSE FLOWS AND HANDLE THEM WITHOUT
5 CREATING ANY HAZARD TO LIFE OR PROPERTY. HOWEVER, AREAS THAT
6 ARE NORMALLY NOT INUNDATED DO GET INUNDATED IN THOSE
7 CONDITIONS.

8

9 **SUP. ANTONOVICH:** WHAT ABOUT PUDDING STONE DIVERSION DAM? I
10 UNDERSTAND THAT WAS NEAR CAPACITY.

11

12 **DONALD WOLFE:** THAT'S CORRECT.

13

14 **SUP. ANTONOVICH:** AND HOW DOES THE OVERFLOW OF VENALLY IMPACT
15 PUDDING STONE?

16

17 **DONALD WOLFE:** WELL, AGAIN, WE VERY CAREFULLY WATCH THE
18 OPERATIONS OF EACH ONE OF OUR DAMS THAT ARE IN A SERIES AND WE
19 ALSO COORDINATE WITH THE CORE IN THEIR SERIES OF DAMS. SO WHAT
20 WE TRY TO DO AND WHAT WE DO VERY SUCCESSFULLY, SUPERVISOR, IS
21 TO MAKE SURE THAT THE FLOWS ARE COORDINATED AND, HOPEFULLY,
22 PROPERLY ANTICIPATED SUCH THAT WE MINIMIZE ANY NEGATIVE IMPACT
23 AND MAKE SURE THAT THERE'S ALWAYS A SAFETY VALVE IN THE SYSTEM
24 WHICH, TO DATE, THERE HAS BEEN.

25



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1 **SUP. ANTONOVICH:** I'VE HAD A CALL FROM ONE OF THE RESIDENTS WHO
2 LIVES IN THE PUDDING STONE AREA OF CONCERN THAT WE ARE
3 MONITORING THAT AND THAT THOSE HOMES ARE SAFE IN THAT AREA.

4

5 **DONALD WOLFE:** YES, SIR. WE MONITOR VERY CAREFULLY, BOTH
6 ELECTRONICALLY AND VISUALLY WITH STAFF IN THE FIELD.

7

8 **SUP. ANTONOVICH:** THE TRAGIC LOSS OF THE MOBILE PARK IN SANTA
9 CLARITA, CAN YOU ELABORATE ON WHAT CAUSED THAT, WHO'S
10 RESPONSIBLE FOR THAT OVERSIGHT?

11

12 **DONALD WOLFE:** WELL, SUPERVISOR, I BELIEVE YOU'RE TALKING ABOUT
13 THE POLYNESIAN MOBILE HOME PARK THAT'S BEEN PROMINENT IN THE
14 NEWS?

15

16 **SUP. ANTONOVICH:** YES.

17

18 **DONALD WOLFE:** IT'S IN THE CITY OF SANTA CLARITA.
19 UNFORTUNATELY, IT'S ADJACENT TO AN UNIMPROVED NEWHALL CREEK.
20 IT'S NOT A FLOOD CONTROLLED CHANNEL, EITHER OPERATED BY THE
21 CITY OR THE COUNTY. THE UPSTREAM AREA SUFFERED A BURN THIS
22 PAST SUMMER AND, WHEN THAT OCCURS, COMBINED WITH THE KIND OF
23 RAINS WE'VE HAD, YOU HAVE TREMENDOUS RUNOFF, YOU HAVE RUNOFF
24 THAT'S MUCH HIGHER THAN WOULD BE NORMAL FROM AN UNBURNED
25 WATERSHED. SO THE RESULT IS THAT THE CREEK EXCEEDED THE



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1 CAPACITY OF THE CULVERTS THAT HAD BEEN INSTALLED TO ACCESS THE
2 MOBILE HOME PARK. IT JUMPED OUT OF THE CREEK BED, THE CREEK
3 BED HAD NOT BEEN MAINTAINED WITH RESPECT TO REMOVING OF
4 VEGETATION FOR MANY, MANY YEARS, SO THAT ALSO ADDED TO-- OR
5 LOWERED THE CAPACITY OF THAT CREEK. SO THE RESULT WAS THAT IT
6 INUNDATED THE GARDEN WALLS, KNOCKED DOWN THE GARDEN WALLS AND
7 OTHER THINGS THAT WERE BASICALLY STANDING BETWEEN THE MOBILE
8 HOME PARK AND THE CREEK. AND, WHEN THAT RESULTED, THE AREA WAS
9 INUNDATED. THE STREAM ALSO IMPACTED A CHURCH THAT WAS
10 DOWNSTREAM AND SEVERAL APARTMENT BUILDINGS. WE WERE ASKED TO
11 AID THE CITY LAST WEEKEND AND WE DID AID THE CITY BY PROVIDING
12 EQUIPMENT AND MANPOWER TO HELP THEM CLEAR OUT THE CREEK AND
13 PROVIDE PROTECTION FOR THE CHURCH, THE MOBILE HOME PARK AND
14 THE APARTMENTS.

15

16 **SUP. ANTONOVICH:** SO THIS WAS WITHIN THE CITY, THE CITY'S
17 RESPONSIBILITY AND THEY ASKED US TO ASSIST THEM?

18

19 **DONALD WOLFE:** THAT'S CORRECT, SUPERVISOR.

20

21 **SUP. ANTONOVICH:** I UNDERSTAND. AND HOW LONG DO YOU BELIEVE IT
22 WILL TAKE FOR ALL OF THE MAJOR ROADWAYS TO BE OPENED?

23

24 **DONALD WOLFE:** SUPERVISOR, WE HAVE, AS OF THIS MORNING, I'M
25 SURE IT'S CHANGED, IT CHANGES HOURLY, 115 ROAD CLOSURES



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1 THROUGHOUT THE COUNTY. WE HAVE COME PRETTY CLOSE TO PROVIDING
2 ACCESS TO ALL AREAS. WE HAD A REAL PROBLEM OUT IN VAL VERDE,
3 GOT THAT OPEN LAST NIGHT SO THOSE RESIDENTS HAD ACCESS IN AND
4 OUT. IT WILL TAKE US, WITH THE STORM GOING AWAY FOR A FEW
5 DAYS, WE'LL PROBABLY GET MOST OF THAT 115-- THOSE 115 ROADS
6 OPEN. SUPERVISOR, WE HAVE 12 THAT HAVE MAJOR STRUCTURAL
7 DAMAGE. THAT WILL TAKE SOME TIME. IT WILL BE-- PROBABLY BE
8 MONTHS BEFORE WE HAVE REPAIRED ALL THE DAMAGE TO THE ROAD
9 INFRASTRUCTURE.

10

11 **SUP. ANTONOVICH:** AND HOW IS THE COUNTY FINANCING FLOOD CONTROL
12 AND ROADWAY IMPROVEMENTS?

13

14 **DONALD WOLFE:** WE ARE FINANCING THOSE, THE STORM DAMAGE
15 RESPONSE OUT OF OUR CURRENT BUDGET. WE MAY HAVE TO RETURN TO
16 YOUR BOARD FOR-- TO REALLOCATE MONIES WITHIN THE BUDGET FOR
17 THOSE TWO BUDGET GROUPS BUT-- AND THE RESULT WILL PROBABLY BE,
18 SUPERVISOR, THAT WE'LL HAVE TO CUT BACK ON CONSTRUCTION
19 PROGRAMS FOR THE REST OF THE FISCAL YEAR IN ORDER TO MAKE UP
20 THE DIFFERENCE IF WE CAN'T FIND THE MONEY ELSEWHERE.

21

22 **SUP. ANTONOVICH:** I NOTICE MANY OF THE ROADS WERE ENTIRELY
23 DESTROYED. WHAT'S THE TIME FRAME ON REPAIRING THOSE?

24



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1 **DONALD WOLFE:** WELL, THE TIME FRAME CAN VARY, OF COURSE, FROM
2 CASE TO CASE BUT, WHEN A ROAD IS DESTROYED, IF WE HAVE TO GO--
3 IT'S NOT A PATCH JOB. WHAT WE WILL DO IS WE'LL TRY TO GIVE--
4 PROVIDE TEMPORARY LANES WHILE WE DO A MAJOR RECONSTRUCT, WHICH
5 WILL BE TO EXCAVATE. THE FIRST THING WE HAVE TO DO,
6 SUPERVISOR, IS TO WAIT FOR THE WATER TO GO DOWN AND THE
7 SATURATED CONDITION TO DISAPPEAR. THEN WE'LL HAVE TO PROTECT
8 THAT AREA FROM FURTHER DAMAGE AND START-- WE'LL HAVE TO DO A
9 DESIGN AND DO A REPAIR. SO IT COULD BE TWO OR THREE MONTHS
10 BEFORE WE FINISH ALL THE MAJOR REPAIRS BECAUSE WE'VE HAD SOME
11 REALLY BAD WASHOUTS.

12

13 **SUP. ANTONOVICH:** AND DO YOU HAVE THE ABILITY TO CONTRACT FOR
14 THOSE IMPROVEMENTS? TO BYPASS THE TRADITIONAL METHOD TO GET
15 THE JOB DONE IN A QUICK...

16

17 **DONALD WOLFE:** SUPERVISOR, IF WE NEED TO BYPASS TRADITIONAL
18 METHODS, WE WILL COME TO YOUR BOARD AND ASK FOR EMERGENCY
19 CONTRACT SIMILAR TO WHAT WE DID IN HELPING THE CITY OF SIERRA
20 MADRE OUT A FEW WEEKS-- A COUPLE WEEKS AGO.

21

22 **SUP. ANTONOVICH:** RIGHT. IN TERMS OF PERSONNEL AND EQUIPMENT,
23 WHAT COUNTY RESOURCES HAVE BEEN COMMITTED TO EMERGENCY FLOOD
24 CONTROL AND ROAD REPAIRS?

25



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1 **DONALD WOLFE:** WELL, ALL OF THE RESOURCES OF ROAD, MAINTENANCE
2 DIVISION AND FLOOD MAINTENANCE DIVISION HAVE BEEN ALLOCATED.
3 OUR STAFF HAS GONE ON 16-HOUR SHIFTS. AND THE WAY THAT WORKS
4 IS WE WANT TO MAKE SURE THAT WE DON'T HAVE PEOPLE COMING AND
5 GOING, SO THEY OVERLAP FOUR HOURS AND WE HAVE THE MAXIMUM
6 IMPACT IN THE FIELD. THE FOLKS, OF COURSE, ARE GETTING KIND OF
7 TIRED RIGHT NOW. WE ALSO RENT EQUIPMENT AND EQUIPMENT
8 OPERATORS IN THESE CONDITIONS TO ASSIST US.

9

10 **SUP. ANTONOVICH:** WE DON'T HAVE TO CALL THE NATIONAL GUARD OR A
11 NEIGHBORING COUNTY TO ASSIST?

12

13 **DONALD WOLFE:** AT THIS POINT, NO, SUPERVISOR, WE HAVE NOT BEEN
14 ABLE TO. WE'VE ACTUALLY BEEN ABLE TO UTILIZE ALL OUR
15 RESOURCES. WE'VE DEVELOPED A POOL SYSTEM A FEW YEARS AGO SO
16 THAT, IF THERE'S A PIECE OF EQUIPMENT SOMEWHERE ELSE IN THE
17 COUNTY NOT BEING UTILIZED, WE MOVE IT VERY QUICKLY AND RAPIDLY
18 AND KEEP TRACK OF THAT. WE ALSO HAVE A SYSTEM WHERE DIVISIONS
19 THAT ARE NOT IMPACTED BY THE STORM, THE PERSONNEL ACTUALLY
20 COME AND ASSIST ROAD AND FLOOD MAINTENANCE. SO WE'VE BEEN
21 ABLE, SO FAR, TO TAKE CARE OF THOSE ISSUES BY OURSELVES AND
22 WE'VE ACTUALLY BEEN ABLE TO PROVIDE A MINIMUM AMOUNT OF
23 ASSISTANCE, SOME ASSISTANCE TO OTHER CITIES THAT WERE IN
24 DISTRESS.

25



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1 **SUP. ANTONOVICH:** IT INDICATED EARLIER IN THE WEEK ABOUT A 20-
2 MILLION-DOLLAR DAMAGE COST. DO WE HAVE ANY UPDATED ESTIMATES?

3

4 **DONALD WOLFE:** OUR CURRENT ESTIMATE, SUPERVISOR, AS OF THIS
5 MORNING, WAS \$10 MILLION IN COST TO THE FLOOD CONTROL DISTRICT
6 AND THAT'S GOING TO BE PRIMARILY FOR THE-- HAVING TO CLEAN OUT
7 DEBRIS BASINS. WE'VE GOT 15 MILLION IN IDENTIFIED ROAD DAMAGE.
8 WE'VE GOT \$1 MILLION IN PRIVATE DAMAGE THAT WE'VE IDENTIFIED
9 THROUGHOUT THE UNINCORPORATED AREA OF THE COUNTY AND WE'VE
10 SPENT ABOUT \$2.5 MILLION SO FAR IN LABOR, MATERIALS AND
11 CONTRACT SERVICES. SO ABOUT A TOTAL OF CLOSE TO \$30 MILLION AT
12 THIS POINT.

13

14 **SUP. ANTONOVICH:** OF THE-- LOST MY TRAIN OF THOUGHT ON THE
15 COST. OH, HOW ABOUT ANY OF OUR BRIDGES DAMAGED?

16

17 **DONALD WOLFE:** WE HAD FOUR-- THREE OR FOUR CLOSURES, I CAN'T
18 REMEMBER NOW, DUE TO BRIDGE DAMAGE OR POTENTIAL BRIDGE DAMAGE.
19 IT'S MY UNDERSTANDING THOSE WERE ALL OPEN THIS MORNING. THE
20 DAMAGE HAS BEEN FAIRLY MINOR AND WILL NOT BE A BIG ISSUE FOR
21 US TO FIX.

22

23 **SUP. ANTONOVICH:** AND MANY PEOPLE DON'T REALIZE THAT THE
24 ANTELOPE VALLEY IS NOT SERVED BY THE FLOOD CONTROL DISTRICT. A
25 FEW YEARS AGO, WE PUT ON THE BALLOT AN OPPORTUNITY FOR THEM TO



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1 JOIN THE FLOOD CONTROL DISTRICT OR FORM THEIR OWN DISTRICT BUT
2 THAT HAD BEEN REJECTED. OUR PLANS ARE THAT WE MOVE FORWARD TO
3 ONCE AGAIN PRESENT THAT ISSUE TO THE VOTERS IN THE ANTELOPE
4 VALLEY AND I UNDERSTAND THERE'S SOME INTEREST IN PERHAPS A
5 MAIL BALLOT FOR THE QUARTZ HILL AREA AND THEN WORKING WITH THE
6 TOWN COUNCILS AND THE TWO CITIES OF LANCASTER, PALMDALE, A
7 WIDER VOTE TO INCLUDE THOSE AREAS IN A FUTURE ELECTION.

8

9 **DONALD WOLFE:** RIGHT. AND WE'RE VERY MUCH IN SUPPORT OF THAT,
10 SUPERVISOR. NOW IS A GREAT TIME TO DO IT. THE DESTRUCTION AND
11 THE TRANSPORTATION ISSUES IN THE ANTELOPE VALLEY WERE BAD. I
12 MEAN, YOU-- WE ALL SAW THE PICTURES AND IT FREQUENTLY HAPPENS
13 IN THE ANTELOPE VALLEY BECAUSE THEY HAVE NO-- THEY DO NOT HAVE
14 A FLOOD CONTROL SYSTEM THERE.

15

16 **SUP. ANTONOVICH:** OKAY. AND, ONCE AGAIN, JUST MOVE THAT WE
17 ADOPT THE PROCLAMATION FOR THIS TRAGEDY.

18

19 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. WOLFE, I REALLY WANT TO
20 THANK THE EMPLOYEES AND PUBLIC WORKS. I UNDERSTAND THEY'VE
21 BEEN DOING AN OUTSTANDING JOB. THEY WORKED ALL WEEKEND, DURING
22 ALL OF THIS TIME, WERE ABLE TO REPORT IT QUICKLY, IT WAS ALL
23 VERY EFFICIENT. I KNOW MY STAFF FOUND IT TO BE EFFICIENT AS WE
24 MONITORED WHAT WAS GOING ON. SO I APPRECIATE IT AS WELL AS ALL
25 OF THE STAFF OVER IN PARKS, AS WELL, THEY ALSO WORK ON MANY OF



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1 THAT. WE HAD A LOT OF PROBLEMS OVER AT WHITTIER NARROWS AND AT
2 DIFFERENT OF OUR PARKS WHERE WE HAD FLOODING AND THINGS OF
3 THAT SORT. SO I WANT TO COMMEND THEM FOR IT. MY CONCERN, AND I
4 KNOW THAT ALREADY PEOPLE HAVE CONTACTED ME AND SAID, WHAT AM I
5 DOING ABOUT THAT POT HOLE DOWN THE STREET? I LIVE IN THE CITY
6 OF L.A. AND THAT POT HOLE IS THE RESPONSIBILITY OF THE CITY OF
7 LOS ANGELES BUT I THINK WE ARE GOING TO HAVE-- THERE'S A LOT
8 OF DANGEROUS CONDITIONS OUT THERE AND I DON'T KNOW IF WE HAVE
9 ANY WAY TO ASSIST THE CITY IN RECOGNIZING SOME OF THESE
10 ISSUES. THEY ARE GOING TO HAVE A LOT OF ISSUES BUT I WAS
11 PARTICULARLY CONCERNED ABOUT THE FREEWAYS. THERE WAS A HUGE
12 POT HOLE ON THE PASADENA FREEWAY YESTERDAY. I THINK THAT ANY OF
13 YOU WHO DROVE DOWN THAT WAY KNOW THAT YOU WERE HELD UP BECAUSE
14 OF IT AND THERE ARE SOME THAT ARE MAJOR PROBLEMS, INCLUDING
15 ONE THAT I SAW AN ACCIDENT OCCUR IN FRONT OF ME ON THE LONG
16 BEACH FREEWAY ON SUNDAY NIGHT. LAST TIME, AS I UNDERSTAND,
17 CALTRANS DID NOT HAVE THE MONEY TO DO THE KIND OF IMMEDIATE
18 REPAIRS AND, IN FACT, WE LENT THEM SOME MONEY, I KNOW AT ONE
19 POINT, FOR SOME REPAIRS THAT WE WANTED DONE ON THE 110. WHAT'S
20 THE SITUATION AS FAR AS CALTRANS GETTING THE MONEY TO DO THE
21 KIND OF REPAIRS THAT THEY NEED RIGHT AWAY, PARTICULARLY ON THE
22 FREEWAYS?

23

24 **DONALD WOLFE:** WELL, THE SITUATION WITH RESPECT TO HIGHWAY AND
25 LOCAL ROAD FUNDING, SUPERVISOR, IS PRETTY BLEAK RIGHT NOW WITH



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1 RESPECT TO THE STATE BUDGET. I HAVE NOT TALKED TO CALTRANS
2 OFFICIALS SINCE THIS STORM ABOUT THEIR PARTICULAR ISSUES BUT I
3 DO, EXCUSE ME, I DO KNOW THAT THEIR BUDGET HAS BEEN CUT
4 TREMENDOUSLY, AS HAS OUR LOCAL BUDGETS BY THE TRANSFER OF
5 MONIES FROM TRANSPORTATION TO THE GENERAL FUND AT THE STATE
6 AND UNDERSTANDABLY SO. SO I WOULD SUSPECT, SUPERVISOR, THAT
7 THEY'RE IN A WORST STATE THAN WE WERE THE LAST TIME BUT I
8 WOULD BE VERY-- I WILL CALL THE LOCAL DISTRICT 7 DIRECTOR,
9 TALK TO HIM AND I WILL LET YOUR OFFICE AND THE OTHER OFFICES
10 KNOW WHAT THEY HAVE TO SAY ABOUT THAT.

11

12 **SUP. MOLINA, CHAIR:** I AM CONCERNED AS TO HOW QUICKLY THEY'RE
13 GOING TO GET TO SOME OF THESE ISSUES BECAUSE IT CREATES A VERY
14 HAZARDOUS SITUATION AND TRAFFIC PROBLEMS THAT WILL OCCUR
15 THROUGHOUT THE WEEK. I MEAN, THESE ARE VERY, VERY LARGE
16 POTHOLES YOU'RE TALKING ABOUT REALLY CREATING OTHER KINDS OF
17 ACCIDENTS. SO IF YOU COULD GIVE US AN UPDATE ON IT, I
18 CERTAINLY WOULD APPRECIATE IT AND ANY INTERACTION THAT YOU
19 HAVE WITH THE CALTRANS FOLKS, BECAUSE I'M NERVOUS THAT THEY'RE
20 NOT GOING TO HAVE THE MONEY AND, IF NEED BE, WE NEED TO FIND A
21 WAY TO CREATE SOME KIND OF A RELATIONSHIP THAT THERE NEEDS TO
22 BE AN ADVANCE OF SOME TYPE ONLY BECAUSE I'M CONCERNED THAT, IF
23 THEY DON'T HAVE THE MONEY, WE'RE GOING TO HAVE SITUATIONS OF
24 TRAFFIC PILEUPS AND OTHER KINDS OF THINGS BECAUSE THEY ARE
25 FAIRLY DRAMATIC POTHOLES.



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1

2 **DONALD WOLFE:** I WILL DO THAT, SUPERVISOR.

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. WITH REGARD TO THE MOTION THAT
5 IS BEFORE US, WHICH IS A STATE OF EMERGENCY, WHICH MR. JANSSEN
6 HAD RECOMMENDED AS WELL THROUGH A LOT OF THE ISSUES, MOVED BY
7 SUPERVISOR ANTONOVICH, SECONDED BY SUPERVISOR YAROSLAVSKY. IS
8 THERE ANY OBJECTION? IF NOT, SO ORDERED.

9

10 **SUP. ANTONOVICH:** OKAY.

11

12 **SUP. YAROSLAVSKY:** MADAM CHAIR, I JUST ALSO WANT TO THANK OUR
13 PUBLIC WORKS PERSONNEL. I ALSO WANT TO THANK OUR COMMUNITY
14 MEMBERS, ESPECIALLY OUT IN THE TOPANGA CANYON AREA AND THE
15 CANEJO VALLEY WHERE THEY HAVE-- WHERE CITIZENS HAVE TAKEN,
16 OVER THE YEARS, CONTROL OF THEIR OWN SITUATION IN PARTNERSHIP
17 WITH US AND THEY'VE DONE A GREAT JOB. THE TSEP WEBSITE HAS
18 BEEN VERY USEFUL TO ME AND TO THE REST OF THE COMMUNITY.
19 THERE'S BEEN A LOT OF MITIGATION AHEAD OF TIME DONE SO THAT
20 WE'RE LUCKY THAT WE HAVEN'T HAD MORE DAMAGE IN THE WESTERN
21 PART OF THE COUNTY THAN THEY'VE HAD IN THE NORTHERN PART AND I
22 THINK PART OF THAT IS ATTRIBUTABLE TO LUCK AND PART OF IT IS
23 ATTRIBUTABLE TO VERY HARD WORK AND CITIZEN INVOLVEMENT AND I
24 WANT TO THANK THEM.

25



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1 **SUP. KNABE:** YEAH, I JUST WOULD ADD, TOO, I MEAN, WE HAD NOT
2 ONLY CLEANUP WORK AND OTHER ISSUES BUT I THINK THE PROACTIVE
3 STANCE OF THE DEPARTMENT IN LOOKING AT VARIOUS LAND ISSUES,
4 PARTICULARLY LANDSLIDE, POTENTIAL LANDSLIDE AND MONITORING
5 THOSE TO SEE IF THERE'S ANY MOVEMENT TO GET PEOPLE IN PLACE TO
6 MONITOR THOSE THINGS, BEING PROACTIVE WAS VERY HELPFUL IN SOME
7 OF THE AREAS THAT WERE DRAMATICALLY HIT, AT LEAST IN THE
8 FOURTH DISTRICT. SO TO DON AND HIS CREW AND TO ALL THE STAFF
9 OUT THERE, A HEARTY THANK YOU FOR A JOB WELL DONE. I KNOW
10 THERE'S STILL NOT ONLY A JOB WELL DONE BUT THEY'RE STILL AT IT
11 BECAUSE WE HAVE MAJOR ISSUES SO...

12

13 **SUP. BURKE:** I'D LIKE TO JOIN IN SAYING WE CERTAINLY APPRECIATE
14 THE KIND OF JOB THEY'VE DONE AND THEY WERE RIGHT OUT THERE. I
15 MEAN, IT'S BEEN VERY IMPRESSIVE, I THINK, TO EVERYONE IN LOS
16 ANGELES COUNTY THE WAY THE COUNTY FLOOD CONTROL AND OUR ROAD
17 DEPARTMENT HAS WORKED.

18

19 **SUP. MOLINA, CHAIR:** YES, IT WAS VERY COMPREHENSIVE. WE
20 APPRECIATE IT. GREAT. ALL RIGHT.

21

22 **SUP. ANTONOVICH:** ITEM NUMBER 36.

23

24 **SUP. MOLINA, CHAIR:** ITEM 36.

25



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1 **SUP. ANTONOVICH:** COULD WE HAVE MISS TODD. THE LIBRARIAN.

2

3 **SUP. MOLINA, CHAIR:** IF WE COULD HAVE THE LIBRARIAN JOIN US, WE
4 WOULD APPRECIATE IT, ITEM 36, PUBLIC LIBRARY.

5

6 **SUP. ANTONOVICH:** ON THE ITEM, WHICH IS A LIBRARY MITIGATION
7 FEE, COULD YOU ADVISE THE BOARD WHEN THE LAST TIME THAT THE
8 LIBRARY ADJUSTED THIS FEE?

9

10 **MARGARET TODD:** IN CHECKING, SUPERVISOR ANTONOVICH, MEMBERS OF
11 THE BOARD, IT HAS NOT BEEN ADJUSTED SINCE ITS INCEPTION IN
12 1998 EXCEPT FOR COST OF LIVING INCREASE PROVISION, WHICH IS
13 THERE.

14

15 **SUP. ANTONOVICH:** IS THERE A PROCESS IN WHICH YOU COULD DO THIS
16 ANNUALLY?

17

18 **MARGARET TODD:** I BELIEVE WE COULD. OUR DEPARTMENT RIGHT NOW
19 HAS BEGUN THE PROCESS OF LOOKING AT THE FEE AGAIN AND SO I
20 WOULD WANT TO TALK WITH MY STAFF BUT I DON'T SEE WHY WE
21 COULDN'T DO SOMETHING ON AN ANNUAL BASIS. I UNDERSTAND, I
22 BELIEVE FIRE DEPARTMENT DOES THAT.

23

24 **SUP. ANTONOVICH:** RIGHT. I MEAN, THE FIRE-- BECAUSE WHAT WE'RE
25 DOING IS SHORTCHANGING THE COMMUNITIES WITHOUT DEPRIVING THEM



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1 OF LIBRARY SERVICES, BY NOT DOING THAT, AND THERE IS NO WAY
2 YOU ARE ABLE TO CATCH UP ON THE REVENUES THAT YOU LOST IF YOU
3 DO IT EVERY FOUR OR FIVE YEARS, BECAUSE OF THE LOSS OF REVENUE
4 FROM INFLATION. SO WE APPROVE THIS ITEM WITH A REPORT BACK,
5 WITH A PROCESS WHICH WOULD INCLUDE COUNTY COUNSEL IN THE
6 DEVELOPMENT OF A YEARLY ADJUSTMENT IN THE LIBRARY MITIGATION
7 FEE.

8

9 **SUP. KNABE:** WELL, THE FIRE DEPARTMENT ALSO STAYS THE SAME SOME
10 YEARS AND REDUCES SOME YEARS, TOO, SO...

11

12 **MARGARET TODD:** WE WOULD BE VERY HONEST IN OUR REPORT.

13

14 **SUP. ANTONOVICH:** THANK YOU. SO, SECONDED BY SUPERVISOR KNABE.
15 WITHOUT OBJECTION, SO ORDERED. OKAY. ITEM NUMBER 8 IS THE
16 SHERIFF. AND DR. FIELDING.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT. IS THAT OVER?

19

20 **SUP. ANTONOVICH:** THE LIBRARY IS. NOW WE'RE ON ITEM NUMBER 8,
21 ASKING FOR DR. FIELDING AND THE SHERIFF'S DEPARTMENT.

22

23 **SUP. MOLINA, CHAIR:** NUMBER 8.

24



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1 **SUP. ANTONOVICH:** WHEN WE DISCUSSED THIS ISSUE A FEW MONTHS
2 AGO, DR. FIELDING INDICATED THAT THERE IS-- QUOTING YOU, YOU
3 SAID, "THERE IS NO QUESTION IN MY MIND THAT THE SHERIFF'S
4 DEPARTMENT HAS DONE A LOT AND WE REALLY COMMEND THEM FOR THE
5 PROACTIVE STEPS REGARDING LAUNDRY AFTER THE RESULTS OF THE
6 K.P. SURVEY." HOWEVER, THE ARTICLE IN THE NEWSPAPER THAT CAME
7 OUT GAVE THE IMPRESSION THAT THE INCREASED NUMBER OF M.R.S.A.
8 IN THE COMMUNITY IS SOMEHOW DUE TO THE EFFORTS OR LACK OF--
9 THEREOF BY THE SHERIFF'S DEPARTMENT. AND WHAT'S INTERESTING IS
10 THAT, AS I MENTIONED, DR. FIELDING SAID THAT THE INCREASE IN
11 THE COMMUNITY WAS A RESULT OF THIS INCREASE FROM THE COMMUNITY
12 AND WENT ON TO SAY THAT, "A SIGNIFICANT NUMBER OF STAPH
13 INFECTIONS WERE DIAGNOSED AT HARBOR-U.C.L.A. AROUND THAT TIME.
14 A NUMBER OF THOSE LATER, THOSE WHO HAD BEEN DIAGNOSED WERE
15 INCARCERATED BY THE SHERIFF." SO, BASED ON THAT, COULD ONE
16 CONCLUDE THAT THE INCREASE IN THE COMMUNITY IS CAUSING THE
17 INCREASE IN THE JAILS? AND A CLARIFICATION PERHAPS BY DR.
18 FIELDING AND THE SHERIFF ON THIS ISSUE WOULD BE HELPFUL IN
19 RESOLVING THIS ISSUE.

20
21 **DR. JONATHAN FIELDING:** YES, SUPERVISOR. THERE HAS BEEN AN
22 INCREASE IN M.R.S.A. IN THE COMMUNITY AS IN THE JAIL IN LOS
23 ANGELES AND IN THE REST OF THE COUNTRY. WHAT WE'RE SEEING HERE
24 IS A REFLECTION OF WHAT'S GOING ON ALL OVER AND I THINK THAT
25 M.R.S.A. HAS NOW BECOME A COMMON PROBLEM, A COMMON DIAGNOSIS,



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1 A COMMON FORM OF INFECTIOUS DISEASE AND I DON'T SEE THAT GOING
2 AWAY. WE'VE GONE FROM AN AVERAGE OF, LET'S SAY, 50 A MONTH IN
3 THE JAIL TO OVER 200. SOME OF THAT MAY HAVE BEEN DUE TO
4 IMPROVED DIAGNOSIS BUT THERE'S NO DOUBT IN MY MIND THAT SOME
5 OF THAT IS REAL AS WELL. AND IT IS TRUE THAT SOME PEOPLE IN
6 THE JAIL, WHO MAY NOT BE FULLY TREATED OR MAY HAVE A NEW
7 INFECTION OR WHATEVER WILL BRING THAT BACK OUT TO THE
8 COMMUNITY BUT, ON THE OTHER HAND, THERE IS PERHAPS IN THE
9 ORDER OF A QUARTER OF THE CASES THAT ARE DIAGNOSED IN THE JAIL
10 WITHIN THE FIRST FIVE DAYS THAT SOMEBODY IS THERE, SUGGESTING
11 VERY STRONGLY THAT IT CAME FROM THE OUTSIDE. AND EVEN SOME OF
12 THE ONES THAT ARE DIAGNOSED THEREAFTER PROBABLY CAME FROM THE
13 OUTSIDE. SO IT'S MOVING IN BOTH DIRECTIONS.

14

15 **SUP. ANTONOVICH:** DURING THAT DISCUSSION, OUR HEARING WAS ON
16 SEPTEMBER 7TH, MENTIONED ABOUT THE REQUIRING OF THESE INMATES
17 TO TAKE DAILY SHOWERS, TO BE HYGIENICALLY CLEAN SO THEY DON'T
18 IMPACT THEIR NEIGHBORING BUNK MATE AND THE PERSONNEL THAT WORK
19 IN THE JAIL. HOW HAVE WE PROGRESSED ON THAT?

20

21 **CHUCK JACKSON:** SUPERVISOR, CHUCK JACKSON, CHIEF CORRECTIONAL
22 SERVICES DIVISION. WE'RE STILL NOT AT A POINT WHERE WE'RE
23 REQUIRING INMATES TO TAKE SHOWERS. WE CANNOT FORCE AN INMATE
24 TO TAKE A SHOWER. WHAT WE HAVE DONE IS WE HAVE INCREASED THE
25 AVAILABILITY OF SHOWERS IN ALL OF OUR FACILITIES AND TRY TO



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1 MAKE THEM AVAILABLE, DEPENDING ON THE TYPE OF STRUCTURE,
2 WHETHER IT'S A DORMITORY OR A CELL BLOCK. SOME AREAS, IT'S
3 AVAILABLE 16 TO 18 HOURS A DAY. OTHER AREAS, IT'S AVAILABLE
4 ONCE A DAY. AND WE'VE ALSO SET IN PLACE AUDIT PROCEDURES, IF
5 YOU WILL, FOR THE SUPERVISORS TO COME BY AND CHECK AND MAKE
6 SURE THAT WE HAVE THE SHOWERS THAT ARE PROVIDED ON A DAILY
7 BASIS AS WELL AS OTHER PROTECTIVE MEASURES.

8

9 **SUP. ANTONOVICH:** YOU INDICATED, ON SEPTEMBER 7TH, THAT YOU
10 HAVE A PROBLEM WITH LIQUID SOAP AS TO COST. WHAT HAVE YOU DONE
11 TO RESOLVE THE SOAP ISSUE?

12

13 **CHUCK JACKSON:** ACTUALLY, WE TRIED AN EXPERIMENT WITH A
14 ANTIBACTERIAL SOAP AT THE FEMALE TOWER IN TWIN TOWERS AND IN
15 SELECTED DORMITORIES IN MEN'S CENTRAL JAIL. THE EXPERIMENT
16 ITSELF WAS WHERE WE PROVIDED THE LIQUID SOAP TO THE INMATES IN
17 A PLASTIC BOTTLE AND WE'RE TRYING TO DO A FIVE-DAY PURGE, IF
18 YOU WILL, OF THE SHOWERS AND TRY TO MONITOR THOSE INMATES. AND
19 WE DID A STUDY, FIVE DAYS PRIOR TO THE FIVE DAYS OF THE SHOWER
20 TESTS AND FIVE DAYS FOLLOWING. WE BROKE THAT DOWN TO A SECOND
21 APPLICATION AND, BECAUSE OF SOME LOGISTICAL PROBLEMS, IT WAS
22 NOT A VERY SUCCESSFUL EXPERIMENT. IT DIDN'T DEFINE, ONE WAY OR
23 THE OTHER, WHETHER THE LIQUID SOAP WAS ANY BETTER THAN BAR
24 SOAP. IN FACT, MOST-- AT LEAST TO MY KNOWLEDGE, MOST EXPERTS



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1 WILL TELL YOU THAT ANY TYPE OF SOAP IN PERSONAL HYGIENE WILL
2 BE AS WELL AS THIS ANTIBACTERIAL.

3

4 **SUP. ANTONOVICH:** RIGHT. WHAT HAPPENED TO YOUR CHANGING THE
5 EDUCATIONAL VIDEOS THAT YOU WERE GIVING THE INMATES WHEN THEY
6 FIRST ENTER YOUR FACILITY?

7

8 **CHUCK JACKSON:** I BELIEVE WE STILL HAVE AN EDUCATIONAL VIDEO AS
9 WELL AS PRINTED MATERIALS THAT WE PROVIDE TO EACH INMATE AND
10 THE PRINTED MATERIALS THAT WE HAVE AVAILABLE AT EVERY JAIL
11 SITE AND CELL BLOCK SITE, COMPLETE WITH PHOTOGRAPHS. WE ALSO
12 HAVE THE SAME OR SIMILAR EDUCATIONAL MATERIALS AVAILABLE TO
13 OUR PERSONNEL ON THE SHERIFF'S DEPARTMENT INTERNET SITE AS
14 WELL AS PRINTED MATERIALS USED FOR RECURRENT TRAINING.

15

16 **SUP. ANTONOVICH:** AT THE TIME, I HAD SUGGESTED PERHAPS HAVING
17 MAGIC JOHNSON DO A LITTLE PROMO ON THE VIDEO ENCOURAGING A
18 DAILY SHOWER. HAVE WE MADE ANY PROGRESS ON SOMEBODY OF THAT
19 STATURE THAT THEY COULD IDENTIFY WITH AND WANT TO BE ABLE TO
20 TAKE A DAILY SHOWER?

21

22 **CHUCK JACKSON:** YOU KNOW, I DON'T HAVE AN ANSWER FOR YOU TODAY,
23 SUPERVISOR. I REMEMBER THE RECOMMENDATION. WE'VE BEEN DOING A
24 LOT OF OTHER THINGS BUT I HAVE NOT DONE ANY PERSONAL FOLLOW-
25 UP. I'LL HAVE TO CHECK WITH MY STAFF.



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1

2 **SUP. ANTONOVICH:** SHAQ WAS A SHERIFF RESERVE?

3

4 **CHUCK JACKSON:** ACTUALLY, L.A.P.D. RESERVE, SIR.

5

6 **SUP. ANTONOVICH:** L.A.P.D. I MEAN, THERE YOU HAD SOMEBODY THAT
7 COULD HAVE DONE A LITTLE TWO-MINUTE PROMO ON...

8

9 **CHUCK JACKSON:** YEAH. AND, AGAIN, I APOLOGIZE FOR MY NOT-- FOR
10 LACK OF FOLLOW-UP. I RECALL THE RECOMMENDATION BUT WE WERE
11 TRYING TO ACCOMPLISH SOME OTHER PROTECTIVE MEASURES IN THERE
12 AND THAT ONE JUST KIND OF SLIPPED MY MIND. I WILL DO SOME
13 FOLLOW-UP WITH STAFF.

14

15 **SUP. ANTONOVICH:** OKAY. AND WHEN THEY COME IN, DO YOU--
16 BECAUSE, AS DR. FIELDING HAD MENTIONED, IT APPEARS IT'S COMING
17 FROM THE COMMUNITY INTO THE JAIL. DO WE DO AN EXAMINATION TO
18 DETECT, AT THE TIME OF THEIR BOOKING, THAT THEY HAVE THIS
19 CREEPING CRUD?

20

21 **CHUCK JACKSON:** ACTUALLY, MOST OF THE-- THOSE TYPES OF ISSUES
22 ARE SELF-REPORTED BUT EVERY INMATE COMING INTO LOS ANGELES
23 COUNTY JAIL SYSTEM, AT THE INMATE RECEPTION CENTER ARE
24 PROCESSED AND THEY GO THROUGH A LITANY OF QUESTIONS FOR
25 MEDICAL PURPOSES. A FEW OF THOSE QUESTIONS ARE RELATIVE TO



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1 ABSCESSSES OR SORES, OPEN SORES AND WOUNDS AND, IF ANY ARE
2 REPORTED, THOSE ARE CLINICALLY INSPECTED BY PHYSICIANS OR
3 REGISTERED NURSING STAFF AND IF THEY EVEN APPEAR TO HAVE
4 M.R.S.A. POTENTIAL, THEY'RE STARTED ON A SPECIFIC REGIMEN FOR
5 M.R.S.A. AND A CULTURE IS TAKEN. PART OF THE REASON FOR THE
6 INCREASED NUMBERS THAT YOU'RE SEEING IS WE ARE NOW CULTURING
7 MORE WOUNDS, PROBABLY AT LEAST FOUR TO FIVE TIMES MORE THAN WE
8 EVER DID TWO YEARS AGO AND IT'S BASED ON EITHER REPORTED
9 INCIDENTS OF PIMPLES, BLISTERS, OR WOUNDS THAT ARE OOZING.
10 WHERE, TWO TO THREE YEARS AGO, WE WERE NOT DOING THAT.

11

12 **SUP. ANTONOVICH:** YOU DO A SKIN SEARCH, DON'T YOU, WHEN THEY'RE
13 INCARCERATED?

14

15 **CHUCK JACKSON:** THE SKIN SEARCH IS DESIGNED FOR SECURITY
16 PURPOSES, NOT NECESSARILY FOR MEDICAL PURPOSES.

17

18 **SUP. ANTONOVICH:** BUT IF THEY SEE A RASH ALL OVER THE BODY,
19 ISN'T THAT A TIME THAT THEY...

20

21 **CHUCK JACKSON:** OUR STAFF-- THAT'S ONE OF THE REASONS OUR STAFF
22 IS BEING TRAINED SO THAT THEY CAN PERSONALLY TAKE RECOGNITION
23 OF THAT AND REPORT IT TO THE PROPER MEDICAL AUTHORITIES.

24



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1 **SUP. ANTONOVICH:** RIGHT. SO THAT'S IN PROGRESS OR IT'S ALREADY
2 BEING IMPLEMENTED?

3

4 **CHUCK JACKSON:** THAT'S STILL BEING DONE, YES, SIR. I MEAN,
5 IT'S-- IT WAS RECOMMENDED. IT IS IN PROCESS.

6

7 **SUP. ANTONOVICH:** THANK YOU.

8

9 **SUP. MOLINA, CHAIR:** WELL, WE'RE GETTING NOWHERE REAL FAST.
10 SEEMS LIKE I KEEP ASKING THE SAME QUESTION. I'VE ASKED DR.
11 FIELDING TO ASSIST ME IN THIS BECAUSE IT ISN'T-- AND I HAVE A
12 MOTION THAT MIGHT BE-- COULD HAVE TALKED TO THAT CURTAIN AND
13 PROBABLY GOTTEN THE SAME RESPONSE BUT WE'RE HAVING A PROBLEM
14 STILL WITH THE INMATE BATHING PROBLEM?

15

16 **CHUCK JACKSON:** AGAIN, SUPERVISOR, I DON'T KNOW THAT WE CAN
17 LEGITIMATELY FORCE...

18

19 **SUP. MOLINA, CHAIR:** THAT'S YOUR ISSUE BUT...

20

21 **CHUCK JACKSON:** ...AN INMATE TO TAKE A SHOWER BUT THE SHOWERS
22 ARE BEING PROVIDED TO THE INMATES. I'M SURE THERE ARE STILL
23 SOME INMATES THAT ARE OPTING OUT OF TAKING SHOWERS.

24



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1 **SUP. MOLINA, CHAIR:** SO, IF WE WERE TO ASK YOU TO CREATE A
2 REPORT OF WHO TAKES A SHOWER, COULD YOU DO THAT?

3

4 **CHUCK JACKSON:** NO, MA'AM. WE HAVE NO WAY OF TRACKING THAT.

5

6 **SUP. MOLINA, CHAIR:** YOU CAN'T TELL THAT 12 PEOPLE WALKED INTO
7 THE SHOWER AND 12 PEOPLE PUT THE WATER ON AND 12 PEOPLE USED
8 SOAP?

9

10 **CHUCK JACKSON:** WELL, THAT WE CAN DO BUT, IF YOU'RE TALKING
11 ABOUT A MODULE AT MEN'S CENTRAL JAIL WITH 360 INMATES IN
12 THERE, WE DON'T HAVE SOMEBODY COUNTING THE 360 INMATES WALKING
13 THROUGH TO SEE IF THEY'RE ALL-- THEY'LL SEE THEM ALL GOING IN
14 SHOWERS BUT IT'S A RATHER-- IT SOUNDS LIKE A SIMPLE PROCESS
15 BUT IT'S NOT BECAUSE, AS THOSE INMATES FLOW THROUGH THE SHOWER
16 SYSTEM, THEY TAKE THEIR SHOWERS, THEY GET THEIR TOWELS AND
17 THEY HAVE TO RETURN TO THEIR CELL BLOCK AREAS. WE DON'T HAVE
18 ENOUGH PERSONNEL TO WATCH EVERY INMATE TAKING A SHOWER AND, AT
19 THE SAME MOMENT IN TIME, GO IN AND INSPECT EVERY CELL THAT'S
20 EMPTY OR SHOULD BE EMPTY. SO IT'S NOT AS SIMPLE A PROCESS AS
21 SOME WOULD LIKE TO THINK.

22

23 **SUP. MOLINA, CHAIR:** SO WE'RE GOING TO LOSE CONTROL OF THIS
24 FOREVER? WE HAVE AN EPIDEMIC GOING ON.

25



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1 **CHUCK JACKSON:** I WOULD LIKE TO LEAVE THAT AS WE'RE TRYING TO
2 MAINTAIN SOME CONTROL ON IT.

3

4 **SUP. MOLINA, CHAIR:** I'M SORRY?

5

6 **CHUCK JACKSON:** I'D LIKE TO BELIEVE THAT WE'RE MAINTAINING SOME
7 CONTROL BECAUSE THE NUMBERS ARE AT 200 A MONTH HAVE BEEN VERY
8 STABILIZED FOR THE LAST SIX OR SEVEN MONTHS. I MEAN, THEY DID
9 GO FROM THE 50 WHEN WE WERE NOT SEARCHING CLOSELY AND WERE NOT
10 AWARE OF THE PROBLEM UP TO ABOUT 200 AND THEY TEND TO PEAK AT
11 THAT 200 MONTH AFTER MONTH AFTER MONTH. SO IT SEEMS TO ME THAT
12 WE SOMEWHAT STABILIZED IT.

13

14 **SUP. MOLINA, CHAIR:** 200 NEW CASES OR 200 OF THE SAME CASES?

15

16 **CHUCK JACKSON:** 200 NEW CASES. WE DON'T COUNT CASES...

17

18 **SUP. MOLINA, CHAIR:** SO DOES THAT-- I UNDERSTAND. SO YOU'RE
19 ESCALATING. SO, IF THERE'S 200 ONE MONTH, AND THEN 200 THE
20 FOLLOWING MONTH, NOW YOU'VE GOT 400.

21

22 **CHUCK JACKSON:** YES, MA'AM.

23

24 **SUP. MOLINA, CHAIR:** SO IF YOU HAVE THE FOLLOWING MONTH AN
25 ADDITIONAL-- THINK ABOUT IT. ISN'T THAT AN ESCALATION, SIR?



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The Los Angeles County Board of Supervisors**

1

2 **CHUCK JACKSON:** YES, MA'AM AND 25...

3

4 **SUP. MOLINA, CHAIR:** IT'S NOT LIKE YOU RELEASED 200 OF THE SAME
5 INMATES.

6

7 **CHUCK JACKSON:** WELL, 25 ARE COMING IN WITH THAT INFECTION AT
8 MINIMUM. AND, AGAIN, THERE MAY BE SOME RE-INFECTION.

9

10 **SUP. MOLINA, CHAIR:** SO WE HAVE AN ESCALATION, RIGHT? IT'S NOT-
11 - IT'S 200 IN ADDITION TO THE 200 FROM THE MONTH BEFORE.

12

13 **CHUCK JACKSON:** YES, MA'AM.

14

15 **SUP. MOLINA, CHAIR:** SO THAT IS AN ESCALATION, IS IT NOT?

16

17 **CHUCK JACKSON:** WELL, IT'S 200 NEW CASES EVERY MONTH, THAT'S
18 CORRECT.

19

20 **SUP. MOLINA, CHAIR:** SO WITH THE NUMBER OF INMATES THAT YOU
21 HAVE AT THE JAIL, HOW LONG WILL IT TAKE YOU BEFORE EVERYBODY
22 HAS IT, AT THIS RATE?

23

24 **CHUCK JACKSON:** IT SEEMS TO BE A VERY STATIC NUMBER BECAUSE, AS
25 THEY COME IN AND THESE ARE IDENTIFIED, THOSE 200 CASES,



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 THEY'RE ALSO BEING TREATED. WE'RE NOT RELEASING 200 INMATES
2 WITH STAPH INFECTION.

3

4 **SUP. MOLINA, CHAIR:** SO YOU'RE SAYING THAT, AT ANY ONE TIME IN
5 YOUR JAIL, YOU ONLY HAVE 200 CASES?

6

7 **CHUCK JACKSON:** NO, WE-- IT FLUCTUATES. YOU'RE GOING TO HAVE
8 THE 200 COULD BE BUILDING BUT, AS THEY COME IN, 200 PER MONTH,
9 WE'RE ALSO RELEASING INMATES EVERY MONTH. THE ONES THAT ARE
10 BEING RELEASED AND THAT HAVE BEEN IDENTIFIED WITH STAPH ARE
11 BEING MEDICALLY TREATED AND ARE CHECKED ON THEIR WAY OUT TO
12 MAKE SURE THEY'VE EITHER BEEN CURED OR ARE CURRENTLY UNDER
13 MEDICATION AND HAVE PROPER MEDICATIONS. SO WE'RE TRYING TO
14 DEAL WITH IT THE BEST WE CAN WHILE THEY'RE IN OUR CUSTODY.

15

16 **SUP. MOLINA, CHAIR:** DR. FIELDING, YOU HAVE A NURSE GROUP,
17 RIGHT, THAT YOU HAD CREATED A TEAM OR SOMETHING THAT WAS GOING
18 TO BE REVIEWING THIS?

19

20 **DR. JONATHAN FIELDING:** WE HAVE, SUPERVISOR, A MEDICAL
21 EPIDEMIOLOGIST WHO'S AN EXPERT IN THIS AREA WHO HAS BEEN
22 ASSISTED BY A NURSE IN LOOKING AT THIS ISSUE OVER A PERIOD OF
23 THE LAST COUPLE OF YEARS WORKING WITH THE JAIL.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** AND HOW ARE THEIR NUMBERS REPORTING FROM
2 THE STANDPOINT OF ESCALATION, INCREASE OR DECREASE OR...

3

4 **DR. JONATHAN FIELDING:** WELL, WE RELY ON THE NUMBERS FROM THE
5 JAIL. WE DON'T HAVE ANY INDEPENDENT WAY TO GET THE NUMBERS
6 BECAUSE THEIR NUMBER IS BASED ON THEIR DIAGNOSIS.

7

8 **SUP. MOLINA, CHAIR:** BUT WOULDN'T IT BE ALARMING TO YOU IF--
9 THAT YOU SAW 200 EVERY MONTH?

10

11 **DR. JONATHAN FIELDING:** IT'S DEFINITELY A CONCERN, SUPERVISOR.

12

13 **SUP. MOLINA, CHAIR:** OKAY. WHAT WOULD BE ALARMING?

14

15 **DR. JONATHAN FIELDING:** WELL, I DON'T KNOW WHAT NUMBER WOULD BE
16 ALARMING. I THINK...

17

18 **SUP. MOLINA, CHAIR:** OKAY. WHAT DOES 200 REPRESENT? 200
19 REPRESENTS WHAT KIND OF A PERCENTAGE OF THE INMATES THAT COME
20 IN?

21

22 **CHUCK JACKSON:** WELL, IF YOU FIND 200 PER MONTH, WE BOOK IN
23 ABOUT 16,000 PER MONTH, SO IT'S A RELATIVELY SMALL PERCENTAGE.
24 THAT'S STILL A LOT OF INMATES. WE BOOKED OVER 182,000 INMATES
25 THROUGH THE I.R.C. LAST YEAR, SUPERVISOR.



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The Los Angeles County Board of Supervisors**

1

2 **SUP. MOLINA, CHAIR:** RIGHT. BUT IN ONE-- AGAIN, YOU HAVE 200
3 PEOPLE THAT HAVE THIS WHEN YOU-- WHEN THEY ARE BOOKED, RIGHT?

4

5 **CHUCK JACKSON:** PER MONTHS THAT WE CAN FIND, THAT WE CAN
6 DETERMINE, THERE'S ABOUT 200 PER MONTH.

7

8 **SUP. MOLINA, CHAIR:** RIGHT. BUT YOU DON'T MONITOR HOW MANY HAVE
9 IT WHILE THEY'RE IN THERE SO YOU DON'T KNOW IF IT'S BEING
10 PASSED ON?

11

12 **CHUCK JACKSON:** NO, ABSOLUTELY NOT. WE MONITOR EVERY TIME AN
13 INMATE'S IN OUR CUSTODY. SOME OF THOSE ARE FOUND NOT AT THE
14 TIME OF BOOKING BUT DURING THEIR TIME OF INCARCERATION. THE
15 REASON WE GET THE 24 TO 25% COMING IN FROM THE COMMUNITY WITH
16 M.R.S.A. IS BECAUSE WE HAVE FOUND IT OR IT'S BEEN REPORTED
17 WITHIN, YOU KNOW, AN EARLY FIVE-DAY WINDOW. WE HAVE OTHER
18 INMATES THAT ARE REPORTING M.R.S.A. INFECTIONS AND THEY'VE
19 BEEN IN OUR CUSTODY FOR 10, 15, 20 DAYS, SOME LONGER. THAT
20 WOULD BE AN INFECTION THAT WAS PROBABLY ATTAINED WHILE THEY
21 WERE IN OUR CUSTODY. EACH AND EVERY ONE OF THOSE, ONCE
22 IDENTIFIED, ARE, IN FACT, MEDICATED AND TREATED WHILE THEY'RE
23 IN OUR CUSTODY AND WOULD, UPON RELEASE, THEY ARE CHECKED TO
24 MAKE SURE THAT THEY HAVE RECEIVED TREATMENT.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** DR. FIELDING, WHAT WOULD IT TAKE FOR YOU
2 TO GET MORE INVOLVED IN PROBABLY MONITORING WHETHER THIS IS
3 ESCALATING OR NOT? I DON'T MEAN TO BE DISRESPECTFUL BUT I DO
4 NOT TRUST THE SHERIFF'S NUMBERS.

5

6 **DR. JONATHAN FIELDING:** WELL, SUPERVISOR...

7

8 **SUP. MOLINA, CHAIR:** I DON'T KNOW WHAT'S COMING IN AND WHAT'S
9 GOING OUT AND WHAT'S IN AND I KNOW THAT WE CAN'T MANDATE THE
10 SHOWERING BUSINESS BUT WE ALSO KNOW, JUST BECAUSE THEY SHOWER
11 DOESN'T MEAN THAT THEY ARE WEARING CLEAN UNDERWEAR OR
12 WHATEVER.

13

14 **DR. JONATHAN FIELDING:** SUPERVISOR, WITHOUT US GOING IN AND
15 EXAMINING EACH OF THE INDIVIDUALS...

16

17 **SUP. MOLINA, CHAIR:** BUT THE LAST TIME YOU PROVIDED INSURANCES
18 THAT YOU HAD SOMEBODY ON SITE.

19

20 **DR. JONATHAN FIELDING:** WE HAD-- LET ME BE CLEAR. THIS IS
21 SOMEBODY WHO'S BEEN ASSISTING THE SHERIFF'S OFFICE. THIS IS
22 NOT-- WE DO NOT HAVE FULL-TIME STAFF AT ALL THE FACILITIES WHO
23 ARE PARTICIPATING IN EXAMINATION.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** I UNDERSTAND BUT LET'S GO THIS WAY. WHAT
2 WOULD IT TAKE FOR YOU TO GET THE INFORMATION? YOU'RE THE ONE
3 THAT WOULD MAKE THE DETERMINATION WHETHER WE HAVE A PUBLIC
4 INFECTION. WHETHER, YOU KNOW-- AND MY CONCERN IS THAT THIS
5 KEEPS COMING BACK AND I DON'T KNOW HOW TO GET AT IT. I COULD--
6 IF I WAS QUEEN OF EVERYTHING, I COULD MANDATE THAT THE SHERIFF
7 DO IT. NO DOUBT THEY'LL TELL ME ALL DAY LONG THEY CAN'T BUT I
8 KNOW THAT EVERYTHING CAN. SO I NEED YOUR HELP TO HELP ME CAN
9 THIS THING INTO SOME MANAGEABLE WAY AND I WOULD APPRECIATE
10 YOUR ASSISTANCE.

11

12 **DR. JONATHAN FIELDING:** I DON'T THINK WE HAVE REASON TO BELIEVE
13 THAT THE NUMBERS FROM THE SHERIFF'S DEPARTMENT ARE WAY OFF.
14 ABSENT EXAMINING EACH PERSON, YOU KNOW, VERY CLEARLY AND
15 PROBABLY SEVERAL TIMES DURING THEIR INCARCERATION, WHICH WOULD
16 BE VERY STAFF INTENSIVE, I THINK THE REAL ISSUE IN TRYING TO
17 MINIMIZE-- AND I ALSO WOULD SAY WE DON'T KNOW, AT THIS POINT,
18 WHAT THE STEADY STATE MINIMUM NUMBER IS. IF WE WERE DOING
19 EVERYTHING ABSOLUTELY RIGHT, WE DON'T KNOW WHAT THAT NUMBER IS
20 BECAUSE THERE IS A LOT MORE IN THE COMMUNITY THAN THERE USED
21 TO BE. NONETHELESS, I THINK THAT THERE ARE THINGS THAT COULD
22 BE DONE TO OVERALL REDUCE THE RATE, ASSUMING THAT THE RATE IS
23 APPROPRIATE AND I THINK IT PROBABLY IS RELATIVELY REASONABLE
24 AND THOSE ARE ALL THE THINGS THAT WE'VE RECOMMENDED. NO
25 SHARING OF ANY ITEMS, FREQUENT CHANGES OF UNDERWEAR, NOT



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 SHARING SOAP, A DAILY SHOWER, FREQUENT HAND WASHING, NO
2 ALLOWANCE TO SHARE A BLANKET WHEN SOMEBODY LEAVES, SOMEBODY
3 PULLS A BLANKET OFF, SOMEBODY GETS DISCHARGED OR GOES DOWNTOWN
4 FOR A HEARING...

5

6 **SUP. MOLINA, CHAIR:** I KNOW YOU HAD A LOT OF THESE KINDS OF
7 THINGS BUT IT DOESN'T MEAN ANYTHING. IN THE PROBATION CAMPS,
8 DO WE HAVE STAPH INFECTION?

9

10 **DR. JONATHAN FIELDING:** WE DO AS WELL.

11

12 **SUP. MOLINA, CHAIR:** TO WHAT EXTENT?

13

14 **DR. JONATHAN FIELDING:** I DON'T HAVE THE NUMBERS. IT'S A
15 RELATIVELY SMALL NUMBER BUT THAT NUMBER IS GROWING AS WELL.
16 BUT IT'S A RELATIVELY SMALL NUMBER COMPARED TO THESE NUMBERS.
17 I DON'T HAVE THOSE...

18

19 **SUP. MOLINA, CHAIR:** WHY? SAME COMMUNITY.

20

21 **DR. JONATHAN FIELDING:** WHY IS THERE ONLY... WELL, I THINK THE
22 NUMBERS ARE IN-- THE FLOW-THROUGH IN THOSE FACILITIES IS MUCH
23 SMALLER THAN THIS AND I DON'T KNOW THAT THE CROWDING...

24

25 **SUP. MOLINA, CHAIR:** SO, PERCENTAGE-WISE, IT WOULD BE SIMILAR?



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

2 **DR. JONATHAN FIELDING:** I'D HAVE TO LOOK, SUPERVISOR.

3

4 **SUP. MOLINA, CHAIR:** DR. FIELDING, COULD I BEG YOU TO PLEASE
5 LOOK INTO THIS APPROPRIATELY? I'M NOT GOING TO PUT IN THIS
6 MOTION BECAUSE IT JUST SEEMS AS THOUGH THAT YOU'RE THE ONE
7 THAT SHOULD GIVE ME ASSISTANCE ON THIS.

8

9 **DR. JONATHAN FIELDING:** WE WILL COME BACK AND LET YOU KNOW
10 EXACTLY THE PERCENTAGE.

11

12 **SUP. MOLINA, CHAIR:** BECAUSE IF I GIVE YOU ANOTHER MOTION TO
13 DO, THEN YOU'LL TELL ME I DIDN'T INCLUDE THE RIGHT WORD IN IT
14 AND I'M SORT OF FRUSTRATED WITH IT. AND IF YOUR HANDS ARE
15 TOTALLY TOSSED UP THAT THERE'S NOTHING WE CAN DO ABOUT STAPH
16 INFECTION IN OUR JAILS OR IN OUR PROBATION CAMPS, THEN JUST
17 SAY SO.

18

19 **DR. JONATHAN FIELDING:** I DON'T BELIEVE THAT THAT'S THE CASE,
20 SUPERVISOR.

21

22 **SUP. MOLINA, CHAIR:** BUT I DON'T KNOW HOW TO GET AT IT IF YOU
23 DON'T HELP ME.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **DR. JONATHAN FIELDING:** WE WILL COME BACK AND TRY AND BE MORE
2 SPECIFIC, SUPERVISOR.

3

4 **SUP. MOLINA, CHAIR:** CAN I COUNT ON IT FOR NEXT WEEK?

5

6 **DR. JONATHAN FIELDING:** CERTAINLY.

7

8 **SUP. MOLINA, CHAIR:** THANK YOU. ANYTHING ELSE? THANK YOU VERY
9 MUCH. AND THAT ITEM WAS ITEM 8. MOVED BY SUPERVISOR
10 ANTONOVICH, SECONDED BY SUPERVISOR KNABE. IF THERE'S NO
11 OBJECTION, SO ORDERED.

12

13 **SUP. ANTONOVICH:** TWO WEEKS AGO, MR. JANSSEN, WE ASKED YOU FOR
14 A LIST OF THE NUMBERS OF LATERAL TRANSFERS FROM THE SHERIFF'S
15 DEPARTMENT. REMEMBER THAT?

16

17 **C.A.O. JANSSEN:** YES, AND I HAVE THAT INFORMATION. I DON'T HAVE
18 IT WITH ME BUT I DO HAVE THE INFORMATION.

19

20 **SUP. ANTONOVICH:** CAN YOU GET IT TODAY?

21

22 **C.A.O. JANSSEN:** YES.

23

24 **SUP. ANTONOVICH:** OKAY. THANK YOU. THAT'S ALL, MADAM CHAIR.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** ALL RIGHT. I DON'T HAVE ANY-- I DO HAVE A
2 SPECIAL ON-- IT'S RHETORICAL. [TALKING WITH CLERK] ALL RIGHT.
3 LET'S SEE. WHAT DO I HAVE? ALL RIGHT. MS. BURKE, YOUR
4 SPECIALS?

5

6 **SUP. BURKE:** I HAVE NO-- I DID MY ADJOURNMENTS AND I DON'T HAVE
7 ANY SPECIALS. I DON'T THINK I HAVE ANY SPECIALS. RIGHT, IS
8 THERE ANYTHING...

9

10 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. YAROSLAVSKY?

11

12 **SUP. BURKE:** ...OTHER ITEMS THAT HAVEN'T BEEN HEARD? AM I
13 HOLDING ANYTHING?

14

15 **SUP. MOLINA, CHAIR:** MR. YAROSLAVSKY?

16

17 **SUP. YAROSLAVSKY:** I DON'T THINK THERE'S-- THERE'S NOTHING ELSE
18 THAT'S BEING HELD AT THIS POINT. IS THAT RIGHT?

19

20 **SUP. MOLINA, CHAIR:** YES, THERE ARE.

21

22 **SUP. YAROSLAVSKY:** I'M NOT, BUT WHAT DO YOU HAVE THAT'S BEING
23 HELD? 19 WAS DONE. I THOUGHT 19 WAS ALREADY DONE.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** LET'S GET THOSE ITEMS OUT OF THE WAY NOW.
2 ITEM NUMBER 19? THESE ARE...

3

4 **SUP. YAROSLAVSKY:** ALL RIGHT. I'LL CALL UP NUMBER 19.

5

6 **SUP. MOLINA, CHAIR:** THAT'S HELD FOR THE BOARD. IS THAT...

7

8 **C.A.O. JANSSEN:** IT WAS HELD FOR THE BOARD. YOU HAVE SUBMITTED
9 ALL YOUR VOTES AS FAR AS I KNOW ON ALL THE INDIVIDUAL ITEMS.

10

11 **SUP. YAROSLAVSKY:** ALL RIGHT. I MOVE APPROVAL WITH THE ADDENDED
12 "NO" VOTES.

13

14 **SUP. MOLINA, CHAIR:** ALL RIGHT. MOVED BY SUPERVISOR
15 YAROSLAVSKY, SECONDED BY SUPERVISOR BURKE. IF THERE'S NO
16 OBJECTION, SO ORDERED ON THAT ITEM.

17

18 **SUP. YAROSLAVSKY:** HAVE WE TAKEN UP ITEM 20?

19

20 **SUP. MOLINA, CHAIR:** YES, WE DID.

21

22 **SUP. YAROSLAVSKY:** 30? 32. I'LL TAKE UP 32.

23

24 **SUP. MOLINA, CHAIR:** YES, WE DID. ITEM 32. I THINK THAT'S MR.
25 BAXTER, RIGHT? MR. BAXTER, IF YOU WOULD, PLEASE.



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

2 **PETER BAXTER:** MADAM CHAIR, MEMBERS OF YOUR HONORABLE BOARD,

3 MR. JANSSEN, LADIES AND GENTLEMEN, MY NAME IS PETER BAXTER AND

4 I LIVE IN LOS ANGELES. IT IS RESPECTFULLY SUBMITTED THAT THIS

5 AGENDA ITEM IS BASED UPON THE PRESENT METHOD OF FIGHTING FIRE.

6 THE PRESENT METHOD OF FIRE FIGHTING IS UNABLE TO MEET THE

7 DEMANDS OF HOSTILE FIRE. WITHIN THE VOLUME OF THE TABLE AT

8 WHICH I AM SITTING, A STEAM-GENERATING UNIT IS COMMONLY USED

9 BY THE MOVIE INDUSTRY TO CREATE MIST AND FOG TO SERVE DRAMATIC

10 REQUIREMENTS. SUCH A STEAM-GENERATING UNIT COULD BE MOUNTED ON

11 A HEAVY-DUTY HELICOPTER AND FLOWN TO THE BREACH IN THE WALLS

12 OF A HIGH-RISE FROM WHICH SMOKE IS BILLOWING. BY INJECTING A

13 STEADY FLOW OF WATER VAPOR INTO THAT BREACH, WATER VAPOR WOULD

14 THRUST ITSELF INTO EVERY SECTION OF THE HIGH-RISE, THEREBY

15 SATURATING THE SPACE IN THAT HIGH-RISE. THE FIRE WOULD GO OUT

16 IN SECONDS. THE WATER VAPOR WOULD DOMINATE THE ENTIRE SPACE OF

17 THE HIGH-RISE, THEREBY PREVENTING FRESH AIR CONTAINING OXYGEN

18 FROM ENTERING THAT SPACE IN THE HIGH-RISE. A MAN MADE FOG

19 WOULD BE CREATED IN THAT BURNING AREA AND, SO LONG AS THAT FOG

20 WAS MAINTAINED AT A DENSITY WHICH WAS HIGHER THAN THE DENSITY

21 OF THE ATMOSPHERE IN THAT HIGH-RISE, THAT FOG WOULD EXCLUDE

22 OXYGEN FROM THAT SPACE. THERE IS NO REPORT FROM THE FIRE

23 CHIEF, TO MY KNOWLEDGE, THAT DISCUSSES THE PROBABLE EFFECT OF

24 THE USE OF STEAM IN FIGHTING HOSTILE FIRES, ALL OF WHICH IS

25 RESPECTFULLY SUBMITTED AND I THANK YOU, MADAM CHAIR. AND LAST



**The Meeting Transcript of
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1 FRIDAY, I HAPPENED TO BE IN THE COUNTY HALL OF ADMINISTRATION
2 AND A GENTLEMAN, A COUNTY EMPLOYEE, SPOKE TO ME AND HE SAID TO
3 ME THAT HE THOUGHT THAT MAYBE WITH STEAM-- AND HE HAD LISTENED
4 ON THE MONITOR AT HIS WORKSTATION TO LAST TUESDAY AND HE
5 THOUGHT THAT THE FACT OF STEAM COMING INTO A BUILDING, WELL,
6 THAT PROBABLY WOULD MAYBE BE HAZARDOUS TO THE PEOPLE IN THE
7 BUILDING. WELL, THERE'S TWO REASONS-- TWO ANSWERS TO THAT. ONE
8 ANSWER IS, THERE'S NO OBLIGATION TO USE STEAM AT ALL. YOU
9 COULD LIMIT STEAM TO-- THE USE OF STEAM TO FIRES IN WHICH
10 THERE'S NO POSSIBILITY OF A HUMAN BEING, WHICH WOULD STILL
11 WORK. AND, TWO, THE HIGHEST HEAT OF STEAM IS ABOUT 100 DEGREES
12 AND THE FIRE THAT YOU'RE DEALING WITH IS MAYBE UP TO 2,000
13 DEGREES. SO I'D PREFER TO HAVE 100 DEGREES RATHER THAN 2,000,
14 ALL OF WHICH IS RESPECTFULLY SUBMITTED. I THANK YOU, MADAM
15 PRESIDENT.

16
17 **SUP. ANTONOVICH:** THANK YOU. MOTION BY SUPERVISOR KNABE.
18 SECONDED. WITHOUT OBJECTION, SO ORDERED.

19
20 **SUP. YAROSLAVSKY:** ALL RIGHT. IS ITEM 59 TAKEN? IS DR. CLAVREUL
21 HERE? IF NOT, I WOULD MOVE APPROVAL OF 59.

22
23 **SUP. ANTONOVICH:** BY MR. YAROSLAVSKY, SECONDED, WITHOUT
24 OBJECTIONS, SO ORDERED.



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **CLERK VARONA-LUKENS:** I'M SORRY. JUST A POINT OF CLARIFICATION.
2 I BELIEVE THAT ITEM WAS TO BE CONTINUED. IT WAS HELD TO
3 JANUARY 18TH.

4

5 **SUP. YAROSLAVSKY:** OH, IT WAS. I MOVE THAT IT BE CONTINUED TO
6 JANUARY 18TH.

7

8 **SUP. ANTONOVICH:** TO JANUARY 18TH. SECONDED. WITHOUT OBJECTION.
9 SO ORDERED.

10

11 **SUP. YAROSLAVSKY:** ITEM 62.

12

13 **CLERK VARONA-LUKENS:** THAT'S THE HEARING AND IF THERE'S ANYONE
14 WHO PLANS TO TESTIFY ON THIS ITEM, IF THEY WOULD STAND, RAISE
15 YOUR RIGHT HAND TO BE SWORN IN. THERE'S NO ONE.

16

17 **SUP. YAROSLAVSKY:** ALL RIGHT. THERE'S NOBODY HERE?

18

19 **CLERK VARONA-LUKENS:** I BELIEVE SUPERVISOR MOLINA...

20

21 **SUP. MOLINA, CHAIR:** OH, OKAY. OKAY. THIS IS WITH REGARD TO THE
22 ITEMS...

23



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. YAROSLAVSKY:** BEFORE YOU START ON THAT, LET ME JUST
2 UNDERSTAND. THERE'S NOBODY HERE WHO WANTED TO BE HEARD. IS
3 TODAY THE LAST DAY FOR A PUBLIC HEARING OR IS...

4

5 **SUP. MOLINA, CHAIR:** YES. WE SHOULD CLOSE THE PUBLIC HEARING.

6

7 **SUP. YAROSLAVSKY:** I WOULD MOVE WE CLOSE THE PUBLIC HEARING.

8

9 **SUP. ANTONOVICH:** SECOND.

10

11 **SUP. MOLINA, CHAIR:** NO OBJECTION? SO ORDERED. WELL, LET'S SEE.
12 I CLOSED MY OWN PUBLIC HEARING SO NOW I CAN'T INTRODUCE THESE
13 MOTIONS, IS THAT CORRECT?

14

15 **SUP. YAROSLAVSKY:** THAT'S NOT...

16

17 **SUP. ANTONOVICH:** NO. YOU CAN DO SOME MOTIONS.

18

19 **SUP. MOLINA, CHAIR:** SO, UNDER THIS MOTION-- I JUST WANT TO
20 UNDERSTAND THIS CORRECTLY. THERE'S ONE THAT IS FOR NEXT WEEK
21 THAT I'LL READ IN AND THE OTHER ONE IS-- OKAY. RECENT EVENTS
22 HAVE SHED LIGHT ON THE INADEQUACIES WITHIN THE DEPARTMENT OF
23 PUBLIC WORKS IN RESPONDING TO AND INVESTIGATING COMPLAINTS
24 REGARDING SEXUAL HARASSMENT AND EMPLOYMENT DISCRIMINATION.
25 UNDER THE GUIDANCE OF THE OFFICE OF AFFIRMATIVE ACTION



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 COMPLIANCE, THE DEPARTMENT OF PUBLIC WORKS HAS FORMULATED A
2 CORRECTIVE ACTION PLAN TO IMPROVE EMPLOYEES WELLBEING AND
3 PROMOTE A POSITIVE CULTURE CHANGE WITHIN THE DEPARTMENT. IT IS
4 EXTREMELY IMPORTANT THAT WE ENSURE THAT THERE IS A CHANGE IN
5 CULTURE AND THAT THESE MATTERS ARE TAKEN SERIOUSLY WITH
6 APPROPRIATE OVERSIGHT. I THEREFORE MOVE THAT THE OFFICE OF
7 AFFIRMATIVE ACTION BE GIVEN OVERSIGHT RESPONSIBILITY FOR THE
8 IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN AND THAT THE
9 DEPARTMENT OF PUBLIC WORKS ALLOCATE THE NECESSARY RESOURCES TO
10 ENSURE FULL IMPLEMENTATION AND MONITORING OF THE PLAN. I
11 FURTHER MOVE THAT THE OFFICE OF AFFIRMATIVE ACTION COMPLIANCE
12 REPORT BACK TO THE BOARD QUARTERLY ON THE PROGRESS OF
13 IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN. NOW, MR.
14 FORTNER, THAT ITEM--

15

16 **RAY FORTNER, COUNSEL:** YES, MADAM CHAIR?

17

18 **SUP. MOLINA, CHAIR:** THAT IS THE ONE THAT IS RELATED?

19

20 **RAY FORTNER:** WELL, AS I UNDERSTOOD AND I HAVEN'T READ THE
21 FINAL MOTIONS, MADAM CHAIR, BUT THERE WAS ONE THAT WOULD BE A
22 REPORT BACK THAT YOU COULD DO TODAY AT ANY TIME.

23

24 **SUP. YAROSLAVSKY:** WELL, THIS IS MORE THAN A REPORT BACK.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **RAY FORTNER, COUNSEL:** AND THE OTHER RELATING TO THE OMBUDSMAN
2 AND THE REPORTING RELATIONSHIP WOULD BE FOR NEXT WEEK.

3

4 **SUP. MOLINA, CHAIR:** RIGHT. BUT THIS ONE HERE IS THE ONE THAT
5 ASKS THAT THE OFFICE OF AFFIRMATIVE ACTION REVIEW THE
6 CORRECTIVE ACTION PLAN AND THE COMPLIANCE.

7

8 **SUP. YAROSLAVSKY:** WELL, IT SAYS MORE THAN THAT, MADAM CHAIR.
9 IT SAYS: "BE GIVEN OVERSIGHT RESPONSIBILITIES."

10

11 **SUP. MOLINA, CHAIR:** THAT'S CORRECT. OF THE...

12

13 **SUP. YAROSLAVSKY:** THAT'S MORE THAN A REPORT BACK.

14

15 **SUP. MOLINA, CHAIR:** I DIDN'T SAY IT WAS A REPORT BACK. IT IS
16 OVERSIGHT RESPONSIBILITY, MONITORING.

17

18 **SUP. BURKE:** DO THEY HAVE THAT CURRENTLY?

19

20 **SUP. MOLINA, CHAIR:** NO. THE DEPARTMENT DOES IT ITSELF.

21

22 **RAY FORTNER, COUNSEL:** THAT'S CORRECT. UNDER THE CORRECTIVE
23 ACTION PLAN, AS I UNDERSTAND IT, THERE IS AN OMBUDSMAN IN THE
24 DEPARTMENT OF PUBLIC WORKS REPORTING DIRECTLY TO THE CHIEF
25 DEPUTY DIRECTOR OF PUBLIC WORKS. AS I UNDERSTAND, THE OBJECT



**The Meeting Transcript of
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1 OF THE MOTION THAT WOULD BE FOR NEXT WEEK WOULD BE TO TRANSFER
2 THAT RESPONSIBILITY TO THE OFFICE OF AFFIRMATIVE ACTION
3 COMPLIANCE.

4

5 **SUP. MOLINA, CHAIR:** ON THIS AREA-- IN THIS AREA UNDER THEIR
6 OWN CORRECTIVE ACTION PLAN THAT WAS ISSUED?

7

8 **RAY FORTNER, COUNSEL:** AS IT RELATES TO THE CORRECTIVE ACTION
9 PLAN, THAT'S CORRECT.

10

11 **SUP. MOLINA, CHAIR:** THAT'S CORRECT.

12

13 **RAY FORTNER, COUNSEL:** AND THAT WOULD BE FOR NEXT WEEK.

14

15 **SUP. YAROSLAVSKY:** I WOULD SUGGEST BOTH MOTIONS BE ON FOR NEXT
16 WEEK.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT'S FINE. ALL RIGHT. THE
19 OTHER MOTION IS, AGAIN, INSTRUCTING THE INTERIM DIRECTOR OF
20 PUBLIC WORKS TO TRANSFER THE RESPONSIBILITY FOR RECRUITING AND
21 HIRING OF AN OMBUDSMAN POSITION TO THE OFFICE OF AFFIRMATIVE
22 ACTION AND COMPLIANCE, THE POSITION TO REPORT DIRECTLY TO THE
23 OFFICE OF AFFIRMATIVE ACTION RATHER THAN THE CHIEF DEPUTY OF
24 PUBLIC WORKS AND THAT I FURTHER MOVE THAT THE BOARD DIRECT THE
25 OFFICE OF AFFIRMATIVE ACTION AND COMPLIANCE TO REPORT TO THE



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 BOARD QUARTERLY ON THE COMPLAINTS AND INVESTIGATIONS HANDLED
2 BY THE OMBUDSMAN. SO THOSE ARE THE TWO ITEMS THAT WILL BE FOR
3 OUR BOARD NEXT WEEK. ALL RIGHT. DID WE TAKE UP THE REMAINING
4 ITEMS? I APOLOGIZE. I WAS OUT.

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6 **SUP. YAROSLAVSKY:** I THINK WE DID.

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8 **CLERK VARONA-LUKENS:** ITEM 33 IS REMAINING AND THAT WAS HELD
9 FOR GENEVIEVE CLAVREUL.

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11 **SUP. MOLINA, CHAIR:** OH, ALL RIGHT. MISS CLAVREUL HAS LEFT, SO
12 THAT ITEM IS MOVED BY SUPERVISOR YAROSLAVSKY, SECONDED BY
13 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED. DOES
14 THAT TAKE CARE OF ALL OF OUR ITEMS? DO WE HAVE PUBLIC COMMENT?
15 MR. BAUER. HE'S LEFT? ALL RIGHT. IF THERE ARE NO OTHER ITEMS
16 TO COME BEFORE US, IF WE COULD HAVE OUR EXECUTIVE OFFICER READ
17 THE APPROPRIATE SECTIONS FOR CLOSED SESSION.

18

19 **CLERK VARONA-LUKENS:** IN ACCORDANCE WITH BROWN ACT
20 REQUIREMENTS, NOTICE IS HEREBY GIVEN THAT THE BOARD OF
21 SUPERVISORS WILL CONVENE IN CLOSED SESSION TO DISCUSS ITEM CS-
22 1, CONFERENCE WITH LEGAL COUNSEL REGARDING EXISTING
23 LITIGATION; ITEM CS-2, CONFERENCE WITH LEGAL COUNSEL REGARDING
24 SIGNIFICANT EXPOSURE TO LITIGATION, ONE CASE; ITEM CS-3,
25 CONSIDERATION OF CANDIDATES FOR APPOINTMENT TO THE POSITION OF



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 ROAD COMMISSIONER, ACTING DIRECTOR OF PUBLIC WORKS AND
2 CONFERENCE WITH LABOR NEGOTIATOR, MICHAEL J. HENRY, DIRECTOR
3 OF PERSONNEL; AND ITEM A-3, CONFERENCE REGARDING POTENTIAL
4 THREATS TO PUBLIC SERVICES OR FACILITIES FOR A BRIEFING BY
5 SHERIFF LEROY BACA OR HIS DESIGNEE AND RELATED EMERGENCY
6 SERVICES REPRESENTATIVES, AS INDICATED ON THE POSTED AGENDA.

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**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **REPORT OF ACTION TAKEN IN CLOSED SESSION ON JANUARY 11, 2005**

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4 The Board of Supervisors, after a public hearing to take
5 testimony on the qualifications of the candidates, met in
6 Closed Session to consider candidates for the position of Road
7 Commissioner/Acting Director of Public Works, pursuant to
8 Government Code Section 54957. Pursuant to County Code Section
9 2.06.010, the Board appointed Donald Wolfe to the position of
10 Road Commissioner/Acting Director of Public Works effective
11 January 11, 2005 until appointment of a Road Commissioner/
12 Director of Public Works after the conclusion of the current
13 recruitment process ordered by the Board of Supervisors. The
14 Board took no action to set compensation. The compensation of
15 the Road Commissioner/Acting Director of Public Works shall be
16 as established by applicable provisions of the County Code.

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18 The vote of the Board was:

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20 Supervisor Burke: Aye
21 Supervisor Yaroslavsky: Aye
22 Supervisor Knabe: Aye
23 Supervisor Antonovich: Aye
24 Supervisor Molina: No.

25



**The Meeting Transcript of
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REPORTER'S CERTIFICATE

I, Jennifer A. Hines, Certified Shorthand Reporter Number 6029/RPR/CRR qualified in and for the State of California, do hereby certify:

That the foregoing transcript of recorded proceedings was taken on Tuesday, January 11th, 2005, at the time and place therein set forth and recorded by the Los Angeles County Board of Supervisors, thereafter transcribed into typewriting under my direction and supervision;

And I hereby certify that the foregoing transcript of recorded proceedings is a full, true, and correct transcript of the recorded proceedings before the Los Angeles County Board of Supervisors.

I further certify that I am neither counsel for nor related to any party to said action, nor in anywise interested in the outcome thereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of January, 2005.

_____(Signature on file)_____

JENNIFER A. HINES

CSR No. 6029/RPR/CRR